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HOLLAND COUNTY COUNCIL

LINCOLNSHIRE.



ANNUAL REPORT

on the

County Health Services

REPORT

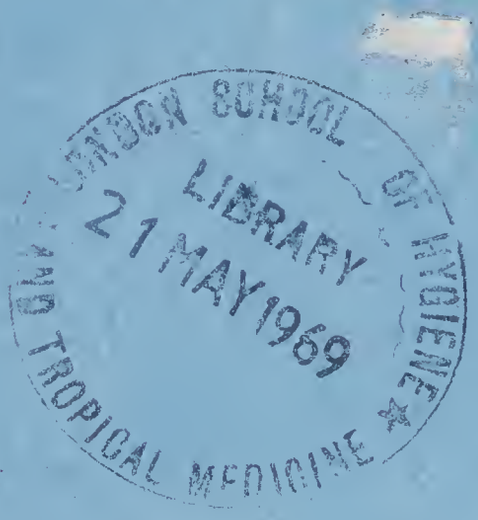
of the

County Medical Officer of Health

for the

Year 1960

70686



HOLLAND COUNTY COUNCIL

LINCOLNSHIRE

Annual Report

on the

County Health Services

REPORT

of the

County Medical Officer of Health

J. Fielding, M.D., D.P.H.

1960

COUNTY HALL,
BOSTON.
Tel. Boston 2281.

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HEALTH COMMITTEE

Chairman :

Councillor H. Piggins, J.P.

Ex-Officio Members :

Alderman Lt.-Col. Sir Oswald Giles, D.L., Chairman of the County Council.

Councillor Canon C. V. Browne-Wilkinson, Vice-Chairman of the **County Council :**

Councillor Lt.-Col. G. A. Grounds, C.B.E., D.S.O., T.D., D.L., Chairman of the Finance Committee.

County Aldermen :

Barwell, R. G.

Clark, Mrs. F.

County Councillors :

Anderson, G. E.
Case, E. J.
Harvey, Mrs. K. M. T.
Hotchkin, C. F.
Maidens, F.
Parkinson, Mrs. F.
Proctor, J. M.
Slator, E. J.
Valentine, Mrs. E. M.
Wright, C.
Wright, S. L.

Added Members :

Mrs. O. M. Elsom	Mrs. D. M. Myers
Dr. A. C. Dawes	Appointed by Lincs. (Holland) Local Medical Committee
W. L. Alexander, Esq.	Appointed by Lincs. (Holland) Pharmaceutical Committee
Dr. N. V. M. Dodds	Appointed by Lincs. (Holland) Executive Council
Dr. J. E. Darlow	
Mrs. S. A. Hastings	Appointed by the Boston Group Hospital Management Committee
Miss N. Leggott	Appointed by the Holland with Boston Branch of the Royal College of Midwives

STAFF OF HEALTH DEPARTMENT

County Medical Officer of Health :

Fielding, J. - M.D., D.P.H.

Deputy County Medical Officer :

White, B. M. - M.B., Ch.B., D.P.H.

Assistant County Medical Officers :

Deas, K. S. - M.B., Ch.B., D.P.H. (mixed appointment).
Hird, G. - M.B., Ch.B., D.P.H. (mixed appointment).

Other Medical Staff (Part-time) :

Coffey, P. - M.D., D.P.H. (ante-natal clinic).
Coffey, M. C. - M.B., B.Ch.
Bennett, P. D. - M.B., M.R.C.S., L.R.C.P. (ante-natal clinic).

Dental Officers (for County and School work) :

Principal Dental Officer—H. A. Bolton, L.D.S.
School Dental Officers—2 vacancies.

Chief Nursing Officer and Supervisor of Midwives (non-medical) :

Bally, Miss E. K. - S.R.N., S.C.M., M.T.D., H.V. Cert.

Assistant County Nursing Superintendents :

Guest, Miss D. - S.R.N., S.C.M., Q.N., H.V. Cert.
Burgon, Mrs. P. M. - S.R.N., S.C.M.

Health Visitors :

Archer, Miss D. - S.R.N., S.C.M., H.V. Cert.
Braybrooks, Miss D. M. - S.R.N., S.C.M., H.V. Cert.
Broughton, Mrs. A. Q. - S.R.N., S.C.M., H.V. Cert.
Farr, Miss L. M. - S.R.N., S.C.M., H.V. Cert.
Guerra, Mrs. E. - S.R.N., S.C.M., H.V. Cert.
Goodworth, Miss H. M. - S.R.N., H.V. Cert.

Harriss, Miss B. R. - S.R.N., S.C.M., H.V. Cert.
Law, Miss J. L. - S.R.N., S.C.M., H.V. Cert.
Sanderson, Miss J. - S.R.N., S.C.M., H.V. Cert.
Sowter, Miss D. E. K. - S.R.N., S.C.M., M.T.D., H.V. Cert.
Taylor, Mrs. E. - S.R.N., S.C.M., H.V. Cert.
Tolliday, Miss P. - S.R.N., S.C.M., H.V. Cert.
Williams, Miss M. L. - S.R.N., S.C.M., H.V. Cert.

Clinic Nurses :

James, Mrs. M. - S.R.N.
Hodgson, Mrs. M. - S.R.N.

Physiotherapist :

Shepard, Mrs. J. - M.C.S.P.

Tuberculosis Health Visitor :

Cowlishaw, Mrs. E. - S.R.N., H.V. Cert.

District Midwives :	**District**
Davies, Miss M. - S.R.N., S.C.M.	Boston, Wyberton and Fishtoft
Joslin, Miss I - S.R.N., S.C.M.	Boston, Wyberton and Fishtoft
Johnson, Miss P. R. - S.C.M.	Boston, Wyberton and Fishtoft
Sauntson, Mrs. V. - S.R.N., S.C.M.	Spalding, Cowbit, Moulton and Moulton Chapel
Parish, Miss L. I. - S.R.N., S.C.M.	

District Nurse/Midwives :	**District**
Palmer, Miss R. M. - S.R.N., S.C.M.	Benington, Butterwick, Freiston and Leverton
Charlton, Mrs. V. - S.R.N., S.C.M.	Crowland (appointed 1.12.60, resigned 13.3.61).
Sehnke, Mrs. O. J. - S.R.N., S.C.M., Q.N.	Deeping St. Nicholas
Sills, Mrs. M. A. - S.R.N., S.C.M.	Donington, Bicker and Quadring
Scott, Mrs. C. - S.R.N., S.C.M.	Gedney Dyke, Drove End, Dawsmere and Lutton

District Nurse/Midwives :	**District**
Gill, Mrs. P. O. - S.R.N., S.C.M.	Gosberton and Surfleet
Whitehurst, Mrs. E. M. - S.R.N., S.C.M.	Holbeach Bank and Saracen's Head
Brotherton, Miss B. M. - S.R.N., S.C.M.	Kirton and Frampton
Belcher, Mrs. E. - S.R.N., S.C.M.	Leake and Wrangle
Gray, Miss J. - S.R.N., S.C.M.	Long Sutton
Vacancy	Pinchbeck
Clayton, Miss E. L. - S.R.N., S.C.M.	Sutton Bridge
Killick, Mrs. F. J. V. - S.R.N., S.C.M.	Swineshead, Amber Hill and Holland Fen
Backhouse, Miss J. - S.C.M., S.E.N	Holbeach
King, Mrs. E. A. - S.R.N., S.C.M.	Sutton St. James, Tydd, Gedney Hill, Whaplode Drove and Sutton St. Edmunds
Diggle, Mrs. M. M. - S.R.N., S.C.M.	Sutterton, Algarkirk, Fosdyke and Wigtoft

District Nurses (Home Nursing)	**District**
Clark, Mrs. O. A. - S.R.N.	Boston, Fishtoft and Wyberton
Frawley, Miss B. T. - S.R.N., S.C.M.	
Taylor, Miss B. A. - S.E.N.	
Masterson, Mrs. C. M. - S.R.N.	Spalding
Swallow, Miss C. M. - S.R.N., S.C.M., Q.N.	Spalding
Skells, Miss E. J. - S.R.N.	Moulton Chapel, Whaplode St. Catherine's, Weston Hills and Cowbit
Petchell, Mrs. M. - S.R.N.	Moulton, Moulton Sea's End, Weston and Whaplode

Chiropodists :

Mr. N. H. Hughes, M.Ch.S. (Liaison Officer).
Miss C. Bates, M.Ch.S.
Mr. F. M. Pearson, M.Ch.S.
Miss W. Roseberry, S.R.N., M.Ch.S.
Miss M. T. Sandall, M.Ch.S.
Mr. T. B. Taylor, M.Ch.S.
Mr. M. A. Narborough, M.Ch.S.

Boston—Allan House Training Centre :

Welch, Miss M. R. H. (Cert. Nursery Nurse). Supervisor.
Fraser, Miss S. M. Assistant Supervisor.
Needham, Miss A. Assistant Supervisor.
Riley, Mrs. (Part-time).

Spalding—Clinic Annexe Training Centre :

Daubney, Mrs. B. L. (Cert. Nursery Nurse). Supervisor.
Trezise, Mrs. J. M. Assistant Supervisor.
Thorpe, Miss D. A. (Cert. Nursery Nurse). Assistant Supervisor.

County Health Inspector and Food and Drugs Act Inspector :

Fidling, R. - M.S.I.A.

Public Analyst :

Woodhead, J. E. - B.Sc., F.I.C., Ph.C.

Mental Health Worker :

Robinson, Mrs. M. F.

Mental Welfare Officers :

Bradley, A. ; Ostler, J. ; Townsend, H. ; Wilson, G. R.

County Ambulance Officer :

Smith, C. E.

Clerk for Home Help Service :

Newham, G.
Bain, Miss M. (Part-time Organiser, Spalding).

Clerk for Health Education :

Whelbourn, H.

Chief Clerk :

Cowan, H.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report in respect of the Health Services for the year 1960. Towards the end of the year under review the Mental Health Act came into operation. Mental hospitals now rightly take their place with hospitals generally and the term " mental " is no longer applicable. It is a good thing that these hospitals should be drawn more closely towards the community at the same time as local health authorities are busily engaged in planning community services for the mentally handicapped. Financial matters and the services of psychiatrists are of fundamental importance. The County Council will need to look to Rauceby Hospital in order that the services of psychiatrists can be available for the promotion of psychiatric after-care clinics. Discussions have been held with the medical superintendents and a hospital project which envisages a new adolescent unit cannot be brought into being until additional consultant staff and a registrar have been appointed. The catchment area of the hospital of course is wide and many out-patient attendances at several hospitals make great demands on existing medical staff. In planning the future Mental Health Services, round-table conferences have been held at Rauceby Hospital, Harmston Hall Hospital, and St. John's Hospital, Lincoln, the views of medical superintendents sought in order that integration of work could be made effective. At some of these meetings medical officers of nearby authorities were also present.

The Health Department is notified of admissions and discharges and when requested sociological reports are forwarded to the hospitals, copies of reports being furnished to the general practitioner. The mental welfare officers visit Rauceby Hospital and discuss with selected patients arrangement for future care. This is a very useful basis for after-care work and is designed to ease the return to life at home and in the community on discharge. From time to time general practitioners are making use of the services of the mental welfare officers to give supporting help by way of domiciliary visits, and it is hopeful that this type of visit will increase in the future. Fostering of endeavour between the General Medical services and Local Health Authority services must eventually make a very firm contribution to the care of the mentally disordered. The Holland (Lincs.) Executive Council and the Local Medical Committee are very sympathetic towards the heavy problems which will face the County Council over the coming years. Meetings have been held within the framework of the several partnerships of the National Health Service. The policy of the Lincoln No. 3 Hospital Management Committee is to promote discussions at officer level, a matter which has been most rewarding. At the moment Local Health Authorities need to promote measures for staff training and the three months' residence which was undertaken by a health visitor at Rauceby Hospital was of great value.

Courses sponsored by the National Association for Mental Health have also been used by two mental health workers.

In the Poliomyelitis vaccination scheme 33,602 vaccinations had been carried out by December, 1960. The adult population and the under 40 group should show a far greater alertness of mind in making the effort to receive vaccination. Poliomyeltis vaccination should be a planned part of living and there is no magic wand in the County Health Department to be used when an emergency situation develops. The health visitors report that senior school girls who were vaccinated in the early days of the scheme are now married, and while emphasis remains on the value of vaccination for expectant mothers, it is interesting that these vaccinations were achieved in school life and not in the ante-natal period.

I am indebted to the County Welfare Officer for detailed and colourful information dealing with the work of the Welfare Services under the National Assistance Act, 1948. The outstanding event during 1960 was the opening of the County Council's first purpose built home for elderly persons at Patchett Lodge, Holbeach. Matters dealing with " intermediate accommodation ", the welfare of the physically handicapped and the blind, are covered in detail. Under the Group Bungalow scheme, 111 bungalows have been made available in three areas. In two of the schemes a warden's house is available and in the third scheme use is made of Council house accommodation.

It is a matter for deep regret that National delay in respect of a claim for fees submitted by the chiropodists for professional work done in their surgeries or at the time of domiciliary visits remains unsettled. From April 1960 when the Direct Scheme began until the end of the year, 2,424 treatments were given. It is indeed a service which is very much appreciated by old people.

A firm tribute needs to be made to all members of the Women's Voluntary Service. There is a very close system of working which has been devised between members of the Holland (Lincs.) Care Committee, and the Public Health nursing staff on behalf of the children of problem families and children brought to their notice by the Child Care workers and the Inspector of the National Society for the Prevention of Cruelty to Children. The provision of clothing is of material benefit to the under-privileged section of the community.

In the now rapidly developing field of liaison in maternity matters, invitations were received from the hospital authorities in the King's Lynn, Wisbech and Peterborough areas. These matters relate to the fulfilment of national recommendations on behalf of the expectant mother.

I take this opportunity of thanking the members of the Health Committee, general practitioners and my staff for continued help throughout the past year.

I am,

Your obedient servant,

J. FIELDING.

STATISTICS AND SOCIAL CONDITIONS OF AREA

(a) GENERAL STATISTICS.

Area (acres)	267,854
Population (census 1951)	101,555
Population (Estimated—mid 1960)	103,460
Rateable Value for the County (1st April, 1961)	£989,616
Estimated Product of penny rate for whole County 1961-62	£3,955

(b) VITAL STATISTICS FOR THE YEAR.

Live Births.	Males	Females	Total
Legitimate	859	773	1,632
Illegitimate	37	28	65
Total Births	896	801	1,697

Live birth rate per 1,000 population :—16.4.

Stillbirths—Males 24. Females 16. Total 40.

Stillbirths rate per 1,000 live and stillbirths :—23.0.

Total live and stillbirths :—1,737.

Infant deaths (under 1 year) :—31.

Infant mortality rates :—

Total per 1,000 live births	18.3
Legitimate per 1,000 legitimate live births	18.4
Illegitimate per 1,000 illegitimate live births	15.4

Neo-natal mortality rate (under 4 weeks) per 1,000 live births :—13.0. (Corresponding figure for England and Wales 15.6)

Illegitimate live births numbered 65 being 3.83% of total live births.

Early Neo-natal mortality rate (deaths under 1 week per 1,000 live births) :—11.2.

Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 live and stillbirths) :—34.0.

Maternal deaths (including abortion) :—Nil.

Maternal mortality rate per 1,000 live and stillbirths :—Nil.

Deaths from all causes :—1,072.

	Net Death Rate (per 1,000 population).
Urban Districts	12.0
Rural Districts	9.4
Administrative County	10.4
England and Wales	11.5

Deaths from Measles	Nil
Deaths from Whooping Cough	Nil
Deaths from Diarrhoea (under 1 year)	Nil

BIRTH RATE.—The birth rate of 16.4 for 1960 has risen from 14.9 in 1959. The highest rate within the County was Boston Borough 17.5, whilst the East Elloe Rural District with a birth-rate of 14.8 was the lowest in the County.

Illegitimate live births rose from 61 in 1959 to 65 in 1960 being 3.83 per cent. of the total live births.

DEATH RATE.—The net death rate for 1960 was 10.4 compared with 11.1 for the previous year. Spalding Urban District had the highest rate of 12.5 and Spalding Rural District the lowest rate of 8.3.

The death rate for England and Wales was 11.5.

INFANT MORTALITY RATE.—The rate for the County was 18.3 compared with 27.3 for 1959. The rate for England and Wales for 1960 was 21.7.

MAIN CAUSE OF DEATH.—The following table shows the figures for the main killing diseases in the County of Holland during 1960.

Disease	Total number of deaths
Heart Disease	336
Cancer	190
Vascular diseases	169
Other Circulatory diseases	61
Bronchitis	46
Pneumonia	47

HEART DISEASES.—There were 336 deaths under this heading, a decrease of one on the figure for 1959. This represents 31.3 per cent. of the total deaths.

CANCER.—The number of deaths in 1960 rose to 190, 22 more than for 1959. This represents 17.7 per cent. of the total deaths from all causes.

The following table of death-rates from cancer shows the comparisons between the five district Authorities, the Administrative County, and England and Wales :—

DEATHS FROM CANCER, 1960.

	LUNG				ALL OTHERS			
	Males		Females		Males		Females	
	No. of deaths	Rate per 1,000 Population	No. of deaths	Rate per 1,000 Population	No. of deaths	Rate per 1,000 Population	No. of deaths	Rate per 1,000 Population
Boston Borough	15	0.61	2	0.08	18	0.74	23	0.94
Spalding Urban	3	0.21	1	0.07	3	0.21	14	0.95
Boston Rural	5	0.22	2	0.09	11	0.49	16	0.71
Spalding Rural	3	0.16	Nil	—	14	0.73	15	0.78
East Elloe Rural	4	0.18	3	0.13	19	0.84	19	0.84
Administrative County	30	0.29	8	0.08	65	0.63	87	0.84
England & Wales		0.85		0.13		1.54		1.81

VITAL STATISTICS FOR THE YEAR 1960

Urban and Rural Districts.

District	Area in Acres	Persons per Acre	Population (mid-year)	Live Births				Deaths				Deaths under 1 year of age		Death-rate from Pulmonary Tuberculosis per 1,000 population.	Death-rate from all tubercular diseases per 1,000 population
				No.	Net Rate	Standardising Factor	Standardised Birth Rate	No.	Net Rate	Standardising Factor	Standardised Death Rate	No.	Rate 1,000 live births		
URBAN															
Boston Borough	3257	7.5	24450	429	17.5	0.98	17.2	286	11.7	1.04	12.2	7	16.3	0.04	0.04
Spalding Urban	7825	1.9	14670	251	17.1	1.00	17.1	184	12.5	0.71	8.9	6	23.9	0.07	0.07
Totals for Urban Districts	11082		39120	680	17.4	0.99	17.2	470	12.0	0.91	10.9	13	19.1	0.05	0.05
RURAL															
Boston	84408	0.26	22430	362	16.1	0.99	15.9	208	9.3	1.07	10.0	8	22.1	0.00	0.00
Spalding	87770	0.22	19230	320	16.6	0.98	16.3	160	8.3	1.10	9.1	3	9.4	0.00	0.00
East Elloe	84594	0.27	22680	335	14.8	1.03	15.2	234	10.3	0.99	10.2	7	20.9	0.00	0.00
Totals for Rural Districts	256772		64340	1017	15.8	1.00	15.8	602	9.4	1.04	9.8	18	17.7	0.00	0.00
Administrative County	267854		103460	1697	16.4	1.00	16.4	1072	10.4	1.00	10.4	31	18.3	0.02	0.02
England and Wales					17.1		17.1		11.5		11.5		21.7	0.068	0.075

Causes of death at each age period, 1960.

CAUSES OF DEATH	Under 1 year	1 & under 5	5 & under 15	15 & under 25	25 & under 45	45 & under 65	65 & under 75	Over 75	All Ages
Tuberculosis, respiratory	—	—	—	—	—	2	—	—	2
Tuberculosis, other	—	—	—	—	—	—	—	—	—
Syphilitic disease	—	—	—	—	—	—	1	—	1
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—
Meningo-Coccal infections	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	1	—	1
Malignant neoplasm, stomach	—	—	—	—	1	6	7	14	28
Malignant neoplasm, lung bronchus	—	—	—	—	1	30	5	2	38
Malignant neoplasm, breast	—	—	—	—	—	11	3	2	16
Malignant neoplasm, uterus	—	—	—	—	—	6	3	2	11
Other malignant and lymphatic neoplasms	—	—	1	2	2	27	29	36	97
Leukaemia, aleukaemia	—	—	—	1	—	4	2	—	7
Diabetes	—	—	—	—	—	1	2	4	7
Vascular lesions of nervous system	1	—	—	—	3	23	39	103	169
Coronary disease, angina	—	—	—	—	3	41	45	57	146
Hypertension with heart disease	—	—	—	—	—	5	11	9	25
Other heart diseases	—	—	—	—	3	22	36	104	165
Other circulatory diseases	—	—	—	—	1	6	8	46	61
Influenza	—	—	—	1	1	—	—	—	2
Pneumonia	4	—	—	—	2	6	5	30	47
Bronchitis	—	—	—	—	2	9	10	25	46
Other diseases of respiratory system	—	—	—	—	—	1	5	7	13
Ulcer of stomach and duodenum	—	—	—	—	—	3	2	3	8
Gastritis, enteritis and diarrhoea	—	—	—	—	—	1	—	—	1
Nephritis and nephrosis	1	—	—	—	—	6	2	2	11
Hyperplasia of prostate	—	—	—	—	—	—	1	3	4
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—
Congenital malformations	6	—	—	—	1	2	1	—	10
Other defined and ill-defined diseases	18	—	—	1	8	13	12	72	124
Motor vehicle accidents	—	1	—	4	1	5	2	3	16
All other accidents	1	1	—	—	1	5	—	4	12
Suicide	—	—	—	—	1	1	—	2	4

ADMINISTRATION

In the County of Holland there is no need for decentralisation and all the administrative work in connection with the Authority's health services is undertaken at the County Hall, Boston (Boston 2281).

The main committee is the Health Committee with three sub-committees, each with delegated functions.

Maternity and Welfare Sub-Committee

Mental Health Sub-Committee

Appointments Sub-Committee

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICES

There is close co-operation with the district authorities as the District Medical Officers of Health are also Assistant County Medical Officers.

In the following additional ways, co-operation is also secured through the :—

Obstetric Committee.

Lincoln No. 3 Hospital Management Committee.—(Mental Health).

Lincs. (Holland) Executive Council.

Local Medical Committee.

Sheffield Liaison Committee.

JOINT USE OF STAFF

There is no change to report.

VOLUNTARY ORGANISATIONS

Full use is made of the various voluntary organisations in the County as follows :—

Red Cross Society Medical Loan Depot at Boston.
(Boston Branch)

St. John Ambulance Brigade ...	Medical Loan Depots at Spalding, Sutton Bridge and Holbeach.
British Legion (Crowland Branch)	Medical Loan Depot at Crowland.
Lincs. Moral Welfare Association	Welfare work mainly in connection with unmarried mothers.
Lincs. (Holland) Care Committee	Care and after-care work in connection with tuberculosis, problem families, nursing services and other illnesses, including mental sickness.
Voluntary Committees at certain Infant Welfare Centres	General assistance at child welfare sessions.
Boston and District Association for the Mentally Handicapped Spalding and District Society for Mentally Handicapped Children.	Co-operation and material assistance in dealing with mentally handicapped children, particularly at Training Centres.
Boston and Holland Blind Society	Welfare of the Blind.

The County Council also makes use of the services of a number of National Associations and Bodies, to whom annual subscriptions are paid as follows :—

Central Council for Health Education.

National Association for Mental Health.

National Baby Welfare Council.

National Association for Maternal and Child Welfare.

National Council for the Unmarried Mother and her Child.

The Royal Society for the Prevention of Accidents.

INFECTIOUS DISEASES.

The table on the following page shows the incidence of notifiable infectious diseases for the year ending 31st December, 1960.

Whooping Cough.—93 cases during the year, showing a considerable increase on the figure of 16 for the year 1959.

Diphtheria.—For the twelfth successive year, not a single case of diphtheria has been notified.

Erysipelas.—20 cases were notified compared with 24 for the previous year.

Scarlet Fever.—Numbers notified have shown a marked increase, 154 against 54 in 1959.

Dysentery.—336 cases notified in 1959 constituted an outbreak centred mainly around Carlton Road School, Boston—several other schools being involved to a much lesser degree. It is gratifying to note that there was no outbreak in 1960, and only 19 isolated cases were notified.

Acute Poliomyelitis.—For the first year on record, not a single case of Poliomyelitis was confirmed.

Pneumonia.—The number of notified cases fell from 74 in 1959 to 47 in 1960.

Chicken Pox.—433 cases notified during the year compared with 568 in 1959.

Measles.—Only 239 cases notified, 127 of which occurred within the East Elloe Rural District. A total of 1,259 cases was notified in the previous year.

Food Poisoning.—There was no serious outbreak, 11 cases notified against 20 in 1959.

Infectious Diseases notified in Holland County for the year ending 31st December, 1960.

District	Meningococcal Infections	Whooping Cough	Diphtheria	Erysipelas	Scarlet Fever	Dysentery	Puerperal Pyrexia	Poliomyelitis and Polio-Encephalitis	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Pneumonia	Chicken Pox	Measles	Food Poisoning	Scabies	Paratyphoid	Total
Urban Districts																		
Boston	—	65	—	3	56	4	—	—	—	9	5	26	300	87	6	3	1	565
Spalding	—	—	—	3	2	—	1	—	—	—	2	—	—	2	—	—	—	10
Rural Districts																		
Boston	—	15	—	2	59	14	1	—	—	4	1	6	133	15	5	—	—	255
Spalding	—	4	—	2	29	—	—	—	—	3	—	1	—	8	—	—	—	47
East Elloe	—	9	—	10	8	1	—	—	—	6	2	14	—	127	—	—	—	177
Totals	—	93	—	20	154	19	2	—	—	22	10	47	433	239	11	3	1	1054

*Note : The figures for tuberculosis exclude those cases coming to the notice of the Medical Officer of Health otherwise than by formal notification.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Home Visiting.—Home visiting of children under school age is an important part of the health visitor's duties. More detailed information is given in the health visiting section.

Child Welfare Centre.—There are now 18 centres in the County at which 68 sessions are held per month.

A Medical Officer normally attends at the more important centres but, when this is not considered necessary, a doctor only attends fortnightly or monthly.

A statistical table is given on page 21, from which it will be seen that 3,461 children (of whom 1,057 were under one year of age) attended during the year and made a total of 26,273 attendances. The percentage of new babies attending the centres, related to the total live births for 1960 was 62.

The family doctor is notified when it is considered that any child should be referred to a hospital clinic for consultant opinion.

At most of the centres there are voluntary workers who render valuable service.

Supplies of Welfare Foods, dried milk, and other proprietary foods are available at all the child welfare centres. In addition the Council also deals with an extensive distribution of national dried milk and other welfare foods. The arrangements continued to work smoothly and a few alterations were made during the year to suit the convenience of the public.

Stores.—The central bulk stores are kept at St. John's House, Skirbeck Road, Boston.

Transport.—The transport of stocks to Clinics and Parochial selling points is undertaken by County vehicles by arrangement with the County Transport Officer.

Distribution.

(a) **Parochial Selling Points**—Seventeen in number.

(b) **Boston :** Nine sessions each week.
St. John's House.
Allan House.
Ferry House Clinic.
Bargate Clinic.

(c) **Donington :**
Thursday afternoon—The Clinic.

(d) **Wrangle :**
Friday afternoon—The Clinic, Bede School.

(e) **Kirton :**
Wednesday afternoon—The Clinic, Town Hall.

(f) **Swineshead :**
Wednesday afternoon—The Clinic, The Hut.

(g) **Spalding :** Five sessions each week.
Clinic Annexe, Holland Road, Spalding.

(h) **Holbeach :** Two sessions each week.
The Clinic, Park Road, Holbeach.

(i) **Long Sutton :**
Friday afternoon—Welfare Centre- Church Hall.

(j) **Sutton Bridge :** Two sessions each week.
The Church Hall Clinic.

(k) **Crowland :**
Tuesday afternoon—The Abbey Institute.

(l) **Deeping St. Nicholas :**
2nd Thursday afternoon—Church Hall.

(m) **Gosberton :**
1st Thursday in each month—Parish Hall, Gosberton.

(n) **Fishtoft :**
2nd and 4th Thursday—Rochford Tower Hall.

(o) **Whaplode Drove :**
4th Friday in each month—Whaplode Chapel.

(p) **Wyberton :**
Thursday afternoon—The Parish Hall.

The figures for the year ended 31st December, 1960, were as follows :—

Number of distribution centres	34	
Welfare Foods issued :		
National Dried Milk	27,269	tins.
Vitamin Tablets	4,381	packets.
Orange Juice	38,429	bottles.
Cod Liver Oil	4,990	bottles.

The following is the list of infant welfare centres :—

Centre	Frequency	Day
Boston (2)	Thrice Weekly	Monday, Tuesday, Friday
Crowland	Weekly	Tuesday
Donington	Weekly	Thursday
Deeping St. Nicholas	Monthly	2nd Thursday
Fishtoft	Fortnightly	2nd and 4th Thursdays
Gosberton	Monthly	1st Thursday
Holbeach	Weekly	Thursday
Kirton	Weekly	Wednesday
Long Sutton	Weekly	Friday
Moulton	Monthly	3rd Thursday
Pinchbeck West	Monthly	4th Thursday
Spalding	Twice Weekly	Tuesday, Friday
Sutton Bridge	Weekly	Wednesday
Swineshead	Weekly	Wednesday
Whaplode Drove	Monthly	4th Friday
Wrangle	Weekly	Friday
Wyberton	Weekly	Thursday

All the Centres are administered by the Local Health Authority, and the following table summarises the position :—

No. of Centres provided at end of year	18
No. of Child Welfare Sessions now held per month ...	68
No. of Children who attended Centres during the year ...	3461
Number of Children who attended during the year and who were born in—	
1960	1057
1959	969
1958-55	1435
Total No. of attendances made by children during the year—	
Under 1 year of age	15447
Over 1 year of age	10826

Ante-Natal Clinics.—There is no change to report.

When their duties permit, the Council's health visitors attend ante-natal sessions to maintain contact with this work.

Apart from the facilities provided by the County Council, the Hospital Management Committee has arranged weekly sessions at Boston General Hospital, Spalding Johnson Hospital and Holbeach Clinic.

The number of women who attended the Local Health Authority's clinics and shared clinics during the year was 718 and the total number of attendances was 2,248.

Post-Natal Clinics.—No special clinics are held. As a rule the post-natal examination is done by the general practitioner as provided in the domiciliary maternity scheme.

Dental Treatment.—Dental treatment for mothers and children under five was continued during the year. Patients are referred from the ante-natal and child welfare clinics and in the case of children a reminder is sent on the third birthday in the form of a birthday card.

During 1960, 13 mothers and 35 children attended for inspection and in 33 cases some treatment was found necessary.

Talks on dental health were given to expectant mothers.

	Mothers	Under fives
Number examined	13	35
Found to require treatment	10	23
Treated	10	23
Dentally fit at end of year	7	21
Type of treatment :		
Scaling and gum treatment ...	8	—
Fillings	7	28
Silver Nitrate	—	6
Extractions	27	38
General Anæsthetics	5	22
Provision of partial dentures	2	—
Provision for full upper or lower dentures	2	—

Maternity Beds.—The health visitors continued to investigate, at the request of the hospital authorities, cases recommended for admission on sociological grounds.

55 applications were received and 28 patients were recommended for admission.

Of the total births, as adjusted by inward and outward transfers, 60.3% were institutional.

Ophthalmic Treatment.—Children of pre-school age requiring treatment are normally referred to the out-patient departments of hospitals but, for the sake of convenience, some children are seen at the school clinics by the Consultant. The number of cases so referred was 254.

Blood Testing.—Arrangements are in force whereby Medical Officers at ante-natal clinics collect and send blood specimens for examination.

Care of Premature Infants.—Special cots and equipment are available, if required, for children nursed at home but, when special medical and nursing care are indicated, cases are transferred to hospitals. The number of premature live births was 94 which is 5.5% of the total live births notified ; of the total number (40) of stillbirths notified, 20 (or 50%) were premature.

The following table summarises the position :—

Weight at Birth	Born at home and transferred to hospital			
	Total	Died in first 24 hours	Died on 2nd to 28th day	Survived 28 days
$3\frac{1}{4}$ lbs. or less	2	—	2	—
$3\frac{1}{4}$ lbs. to $4\frac{3}{8}$ lbs.	—	—	—	—
$4\frac{3}{8}$ lbs. to 4 lbs. 15 ozs.	1	—	—	1
4 lbs. 15 ozs. to $5\frac{1}{2}$ lbs.	2	—	—	2
Totals	5	Nil	2	3

Of the 71 premature births in hospitals, 6 died in the first 24 hours, 5 between the 2nd and 28th day, and 60 were surviving at the end of 28 days.

Weight at Birth	Born at home and nursed entirely at home			
	Total	Died in first 24 hours	Died on 2nd to 28th day	Survived 28 days
$3\frac{1}{4}$ lbs. or less	—	—	—	—
$3\frac{1}{4}$ lbs.—$4\frac{3}{8}$ lbs.	—	—	—	—
$4\frac{3}{8}$ lbs.—4 lbs. 15 ozs.	2	—	—	2
4 lbs. 15 ozs.—$5\frac{1}{2}$ lbs.	16	—	—	16
Totals	18	Nil	Nil	18

There were 16 premature stillbirths in hospital, and four domiciliary.

Care of Unmarried Mothers and their Children.—The County Health Department has continued to work in close association with the Lincoln Diocesan Association for Moral Welfare.

Before a patient's admission, ante-natal care is given either by a general practitioner, or a medical officer.

During the year 9 patients were sent to the Quarry Maternity Home, Lincoln, or to similar Homes.

Arrangements were continued for the special supervision of all illegitimate births, and there is close co-operation between the Health Department, the Children's Department and the Diocesan Moral Welfare Association. The latter is a registered Association for dealing with adoption.

Nurseries and Child Minders Regulation Act, 1948.—One new application was received during the year, and one registration was cancelled. At the end of the year there were eight child minders on the register with thirty-five approved places.

Women's Advisory Clinic.—The County Council allow the use of the Boston Clinic to a branch of the Family Planning Association.

Mortality rates in infancy.

Increasing attention is now being given to the four mortality rates of early life. These are the infant mortality rate ; neo-natal mortality rate (under 4 weeks of age) ; the early neo-natal mortality rate (within the first week of life), and the peri-natal mortality rate, which is a measure of stillbirths and deaths within the first week.

Clearly much has been done for many years in relation to the infant mortality rate, the rate which depends so much on the partnership between the pædiatricians, general practitioners, and all members of the Public Health nursing staff. Environmental circumstances, higher standard of living and improved housing conditions have all contributed to a saving of infant life.

Detailed attention has been given to raising the standards of ante-natal care and this approach in the County of Holland is not new. From the early days of the National Health Service a good partnership has been fostered with the domiciliary midwives, general practitioners and hospital maternity units.

The vital statistics covering the four mortalities have been made available for the years 1959 and 1960, to all members of the medical profession, to the consultants, and to members of the nursing staff. In 1960 there were 40 stillbirths and 19 deaths within the first 7 days of life. This in 1960 gave the peri-natal mortality rate of 34.

The Chief Nursing Officer takes every opportunity at staff meetings whether of midwives or health visitors, to draw attention to these particular groups of infant loss. Of the 19 deaths under one week, 12 were due to prematurity. These matters have been discussed and will be discussed again with the Local Medical Committee, Obstetric Advisory Committee and the Executive Council.

The good offices exercised by Sister Bannister of the Diocesan Moral Welfare Association are on behalf of the unmarried mother and her child, a very important factor in ante-natal care and the preservation of child life. The office accommodation at Spalding Clinic is of undoubted value in maintaining liaison with the members of the medical and nursing staff.

The following extracts from the Vital Statistics show the comparison of the various Infant Mortality Rates for Holland for the years 1959 and 1960.

	1959	1960
Live birth rate per 1000 population (Number of live births—1697)	14.9	16.4
Stillbirth rate (per 1000 live and stillbirths) ... (Number of stillbirths—40)	21.6	23.0
Infant Mortality rate (deaths under 1 year) per 1000 live births (Number of infant deaths—31)	27.3	18.3
Neo-natal mortality rate (deaths under 4 weeks) per 1000 live births (i.e. 22 deaths—13 due to prematurity)	20.2	13.0
Early neo-natal mortality rate (deaths under 1 week) per 1000 live births (19 deaths, 12 due to prematurity)	14.9	11.2
Perinatal mortality rate (still-births and deaths under 1 week) per 1000 live and still-births ... (40 stillbirths and 19 under 1 week = 59)	36.3	34.0

The following list shows the causes and ages of death of the 19 early neo-natal deaths during 1960.

Age at Death	Cause
8 hrs.	Prematurity
1 day	(a) Atelectasis of lung (b) Prematurity (c) Maternal Toxaemia
30 min.	Prematurity
8 hrs.	Prematurity
3 hrs.	Prematurity
4 hrs.	Prematurity
2 hrs.	Asphyxia pallida (b) Multiple Confinement (Twin)
5 min.	Asphyxia Neonatorum
4 days	Congenital Oesophageal Atresia
3 days	(1a) Anoxia (b) Rt. pneumothorax Atelectasis rt. lung (c) Aplasia of lt. lung
1 day	(a) Prematurity (b) Antepartum Hæmorrhage (c) Pre-eclamptic Toxæmia of Pregnancy
3 days	(a) Intracranial Hæmorrhage (b) Prematurity (c) Toxæmia
1 day	Prematurity (Twin)
1 day	Prematurity (Twin)
9 hrs.	(a) Atelectasis of lungs (b) Immaturity (36 weeks)
3 hrs.	Cerebral Hæmorrhage
1 hr.	(1a) Prematurity
4 hrs.	(1a) Erythroblastosis foetalis (b) Rhesus incompatability
5 hrs.	(1a) Congestive cardiac failure (b) Haemolytic disease of the new born

Child Guidance Service.

It is very much appreciated that the care of the pre-school child at the earliest possible moment can avoid serious emotional disturbance to the growing child. The concept of mental health clinics within the domain of infant welfare clinics must always be kept in mind. I know this approach certainly requires the services of specialised staff and while the Child Guidance Service is dealt with more fully in the Annual Report of the Principal School Medical Officer, attention can be drawn to the need for an increase in the services of the Children's Psychiatrist. Consultations are proceeding with the Medical Superintendent of Rauceby Hospital as there are other relevant matters in respect of the development of after-care clinics for patients suffering from mental disorder. Psychiatrists are drawn from the staff of the hospital and the needs of the hospital and the needs of the child guidance service, and the problems envisaged by the Mental Health Act need to be seen within the same context. I am informed by the Medical Superintendent that an additional consultant psychiatrist is required together with the services of a registrar. The hospital requires an adolescent unit, and if these appointments come about, leading to a full-time psychiatrist for the child guidance service in South Lincolnshire, then it could well be that the interests of the pre-school child could have special attention. It is, however, pleasing to report the appointment of a Psychiatric Social Worker. The services of this professional member of the staff were not available in the year under review and it has only been possible for the Psychiatric Social Worker to discuss common ground with the Health Visitors at staff meetings. Certainly one very severe problem of maternal anxiety, the young mother having the care of a child suffering from coeliac disease brought the services of the almoner, general practitioner, health visitor and psychiatric social worker. Here the role of the Care Committee was to ease the financial burden of the family with special food, and arrange convalescent care for the distraught mother. The patience exercised by the psychiatric social worker within the home setting was of great value.

MIDWIVES ACTS

LOCAL SUPERVISING AUTHORITY.—The County Council is the supervising authority for the purposes of the Midwives Acts. The non-medical supervision is done by the County Chief Nursing Officer.

INSPECTIONS.—Domiciliary midwives are inspected at least quarterly and additional visits are paid when necessary. Visits are also paid to hospital midwives and private maternity nurses in the County area.

NOTIFICATION OF INTENTION TO PRACTISE.—The number of midwives who gave notice of their intention to practise during the period 1st February, 1960 to 31st January, 1961 was 57.

The number of practising midwives at the end of the year was twenty-two (domiciliary) and twenty-one institutional. In addition there were two midwives acting as maternity nurses who took occasional cases but resided elsewhere.

CASES.—The following table shows the number of cases attended by midwives :—

	Number of deliveries attended by Midwives during 1960					
	Domiciliary Cases				Totals	Cases in institutions
	Doctor not booked		Doctor booked			
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
Midwives employed by this Authority	6	29	82	561	678	—
Midwives employed by Hospital Management Committees	—	—	—	—	—	1044
Midwives in private practice	—	—	1	1	2	—
Totals	6	29	83	562	680	1044

MEDICAL AID.—Medical aid was sought by midwives two hundred and sixty-one times for domiciliary cases and one hundred and ninety institutional cases. Of the domiciliary patients, the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service in two hundred and thirty cases.

The classification of the emergencies in the domiciliary cases was as follows :—

PREGNANCY.

Ante-partum Hæmorrhage	8
Albuminuria	1
Miscarriage, Abortion	2
High blood pressure	21
Toxæmia of pregnancy	2
Anæmia	8
Pyelitis	5
Hydramnios	2
Other conditions	6

LABOUR.

Breech presentation	3
Malpresentation	2
Retained or adherent placenta	4
Ruptured perineum	70
Prolonged labour and uterine inertia	19
Premature labour	3
Intra Partum hæmorrhage	2
Other conditions	3

LYING-IN.

Varicose veins and swollen legs	9
Part-partum hæmorrhage	4
Pyrexia	16
Mastitis	1
Other conditions	1

CHILD.

Prematurity	3
Dangerous feebleness	3
Inflammation of or discharge from eyes	47
Malformation	5
Rashes	3
Other conditions	3

NOTIFICATIONS FROM MIDWIVES.—The following notifications were received from midwives in domiciliary practise :—

Notifications of sending for medical aid	251
Laying out dead body	—
Liability to be a source of infection	—
Notification of death or stillbirth	12

SECTION 23—MIDWIFERY SERVICE

GENERAL ARRANGEMENTS.—The County Council provide a domiciliary midwifery service by employing whole-time district midwives and district nurse-midwives. The day to day management of the service devolves upon the Chief Nursing Officer and two Assistants. On the 31st December, 1960, five district midwives and fifteen district nurse-midwives were employed ; one vacancy. In addition, the two Assistant Nursing Superintendents take relief duty on occasions.

ANALGESIA.—At the end of the year the following domiciliary midwives were qualified to administer inhalational analgesia.

Employed by the Local Health Authority	22
In private practice	1

Twenty-one sets of apparatus for the administration of gas and air and eight sets for the administration of trilene were provided by the County Council.

Analgesia was administered in 592 cases (gas and air 275, trilene 317). The percentage of domiciliary confinements receiving inhalational analgesia was 85.

Pethilorfan was also much used either alone or in conjunction with inhalational analgesia. It was administered in 392 cases. There is strict control of the use of dangerous drugs by midwives.

STERILISED MATERNITY OUTFITS.—Maternity outfits are available free of charge for all women confined at home. 564 outfits were issued during the year.

CASES : The following is a summary of the work carried out by the County Council midwives :—

District	No. of Visits			Number of patients visited following discharge from hospitals before 14th day
	Ante-natal	Delivery	Lying-in	
	To patients' homes			
Boston, Wyberton and Fishtoft	1725	250	4557	155
Freiston, Benington and Butterwick	225	20	417	23
Wrangle and Old Leake	188	23	440	19
Kirton and Frampton	336	32	618	30
Sutterton and Algarkirk, etc.	194	22	575	20
Swineshead and District	162	8	231	9
Donington and District	166	24	490	12
Gosberton and Surfleet	270	30	603	24
Spalding, Pinchbeck, Cowbit, Moulton and Weston	1402	114	2503	173
Deeping St. Nicholas	378	21	353	11
Crowland	501	17	461	11
Holbeach	159	15	370	34
Holbeach Bank, Holbeach St. Matthew's, Holbeach St. Mark's, and Saracen's Head	226	15	353	14
Gedney, Gedney Dyke and Fleet	192	12	359	36
Long Sutton and Lutton	349	25	653	43
Tydd, Sutton St. James, Sutton St. Edmund and Gedney Hill	310	15	310	14
Sutton Bridge	229	16	378	42
TOTALS	7012	659	13671	670

SECTION 24—HEALTH VISITING

STAFF.—As previously stated, it is the policy of the County Council to employ health visitors on combined duties. Qualified health visitors are stationed in convenient centres throughout the County and on the 31st December 1960 the staff was as follows :—

1 Health Visitor (full time) in Boston Borough.
12 Health Visitors, also carrying out school nursing and other duties.
1 Tuberculosis Health Visitor.
2 Nurses on clinic duties.

Supervisory work is undertaken by the Chief Nursing Officer and there are regular monthly meetings when matters of general interest are explained and discussed.

Full co-operation with general practitioners is essential and health visitors are encouraged to keep in touch with doctors in their respective districts. This liaison increases in content year by year, the reciprocal arrangement is spasmodic rather than steady.

SUMMARY OF WORK.—The following figures of the number of visits paid by the health visitors and tuberculosis visitor during the year give some indication of the extent of their work.

To Expectant Mothers.	
First visits	295
Total visits	521
To children under 1 year of age.	
First visits	1857
Total visits	8860
To Children, aged 1 and under 2 years	5146
To Children, aged 2 but under 5 years	6457
Visits to tuberculosis households	1060
Visits to other cases (e.g. reporting on care of old people, hospital after-care, infectious diseases, etc.)	3946

CHILD LIFE PROTECTION — BOARDED-OUT CHILDREN —ADOPTIONS.—Although this work comes within the province of the Children's Department, the health visitors pay the usual routine visits to children under five years of age.

HEALTH EDUCATION

From time to time at staff meetings of the administrative nursing officers and health visitors, the method and content of Health Education are reviewed. There is, of course, general agreement that the main duty of the Health Visitor is within the educational sphere of activity and she also has a full part to play, that is an advisory part, to the family circle ; teaching within the home and to small clinic groups is a fundamental approach in the art of health visiting.

Full use is made of literature, posters, etc., which are supplied by the Central Council for Health Education. Letters to parents dealing with dental health of the pre-school child bring disappointing results. It is clinic custom to draw attention to matters of topical interest, matters of home safety, prevention of disease and the care of the aged. In our experience parents are interested in foot health and leaflets are made available to school children. The County looks to the health visiting staff to bring various services of the welfare state, whether national or local, to the notice of people in their own districts, and to try and teach that the services should be used sensibly and on a timely basis.

Matters in relation to smoking and lung cancer are contained within a letter which is given to senior school children at the time of school medical inspections. Associated literature is available at the main clinics.

Teaching methods, together with the use of various media have been admirably demonstrated in a course which was arranged by the Central Council for Health Education, and at a recent Health Visitor's Meeting, two members of the health visiting staff gave a pre-view of two admirable talks which they had prepared for clinic mothers. Much ingenuity was shown and focal points demonstrated with touches of artistry. There are many calls on the time of the health visitor but it is felt the approach to small groups is an important approach and one that is rapidly increasing in favour.

The mothercraft talks are popular, each course consists of eight different subjects and midwifery sisters from the hospital field also play their part. The apparatus used in the talks need not be costly, much depends on an ingenuity of mind in the presentation of facts. There is always a place for improvisation.

Opportunities for advancement within the professional duties of the health visitor are limited and perhaps future consideration might be given to the appointment of a more senior health visitor within this specialised activity of Health Education. There are some health visitors who clearly have a flair for Health Education, and who can stimulate a group to provide questions. The ability to promote a discussion based on question and answer is an essential quality granted to some and denied to others.

The University of London grant a Diploma in Content and Methods of Health Education. The course lasts an academic year and deals with the general principles of Health Education and of social and preventive medicine which underlie Health Education. The course includes a study of the scientific bases of human health and behaviour. There is also an approach to the principles, methods and media. It may well be that a health visitor who is particularly gifted could take such a course with undoubted advantage.

SECTION 25—HOME NURSING

GENERAL SCHEME.—The County Council provide a domiciliary nursing service by the direct employment of whole-time district nurses or district nurse/midwives. There was no change in these arrangements during the year.

STAFF.—Six whole-time nurses were employed and fifteen nurses devoted part of their time to the service. The equivalent in terms of whole-time staff is 13.5.

WORK UNDERTAKEN.—Home nurses attended 1,491 cases, the number of visits being 39,396.

District	No. of Nurses	No. of Patients attended	Medical	Surgical	Total number of visits
Boston, Fishtoft and Wyberton	3	302	227	67	8286
Freiston, Benington and Butterwick	1	31	13	18	692
Wrangle and Old Leake	1	29	25	4	1234
Kirton and Frampton	1	59	40	19	961
Sutterton and Algarkirk	1	54	44	10	792
Swineshead	1	30	23	7	1216
Donington	1	87	63	12	1821
Gosberton and Surfleet	1	48	32	16	1015
Spalding and Pinchbeck	2	344	175	156	9049
Moulton, Moulton Chapel, Cowbit and Weston	2	145	93	59	6387
Deeping St. Nicholas	1	56	35	21	430
Crowland	1	31	24	5	443
Holbeach	1	36	36	—	1314
Holbeach Bank, Holbeach St. Matthews, Holbeach St. Marks and Saracen's Head	1	39	14	13	1095
Gedney, Gedney Drove End and Fleet	1	65	33	24	1361
Long Sutton and Lutton	1	64	40	21	1766
Tydd, Sutton St. James, Sutton St. Edmund and Gedney Hill	1	17	11	4	263
Sutton Bridge	1	54	21	33	1271
TOTALS	22	1491	949	489	39396

Of the cases attended 828 were sixty-five or over, and visits to these cases number 27,784. This again shows the importance of domiciliary nursing in relation to the care of the aged and chronic sick. It represents over 50% of the total cases attended.

LIAISON ARRANGEMENTS AND THE DOMICILIARY CARE OF THE SICK.—A satisfactory co-ordination of effort exists. There is good team work between the general practitioners, district nurses and the home help service. Nursing equipment is readily available in the several loan depots and a good service is available from the voluntary organisations concerned. In recent years there has been an increasing call on the services of the home nurses, administering Insulin and Antibiotics. Almost 4,000 injections have been given apart from the care of the diabetics. There is also a good integration between the district nursing service and the radiological departments of the hospitals. Nursing techniques are carried out at home as a prelude to X-ray investigations. The Almoner's Department and the matron of the Children's Hospital frequently make use of the services of the administrative nursing staff in order that nursing after-care can be instigated without any delay. The working of the scheme does lead to a saving of in-patient care and to a good continuation of hospital treatment within the field of domiciliary care. 224 patients were discharged from hospital still requiring dressings entailing 2,643 nursing visits.

From time to time these matters are discussed with members of the Local Medical Committee to ascertain if improvements can be brought about not only in the care of the adult sick population but also the care of the sick child. Experience shows that in rural areas the district nurse plays a valuable part in the care of the sick child. The problems of the rural areas are not those of the densely populated industrial areas. In 1960, 80 children were nursed at home, the district nurse making 507 visits. The modern concept clearly is the happiness of the child cared for at home, in some instances avoiding a cross infection from institutional care. The Home Help service being under the control of two Assistant County Nursing Superintendents, fits into this pattern of care.

Copy letters which are received from the Pædiatric Department have made a substantial contribution to the after-care of sick children and the health visitors consult with the general practitioners, furnishing as they do helpful after-care reports for the attention of the pædiatricians. From time to time children who default at out-patient clinics are brought to the notice of the Health Department, a common reason for failure to keep appointments is family illness and subsequently every help is given to the mother so that consultant care is maintained where considered necessary.

It is not out of place to mention here the place of the peripatetic teaching scheme sponsored by the Education Committee which perhaps allows one dozen children or so each year during times of very prolonged convalescence to have regular lessons. The discharge of the older patient from hospital involves consultation with the County Welfare Officer and perhaps also with the District Medical Officer. A visit in these circumstances from the district nurse or health visitor can well lead to information being forwarded to the home visiting services of the voluntary organisations.

The role of the After-Care Committee in respect of domiciliary sickness has extended in recent times and the Marie-Curie Fund has been of great advantage for the care of late cases of cancer and in these cases, complicated by incontinence, special nursing techniques are available to ease the problems of laundry.

HEALTH VISITING, DOMICILIARY MIDWIFERY AND HOME NURSING SERVICES

The Chief Nursing Officer submits the following report :—

STAFF.—Mrs. Parker, district nurse for the Moulton Chapel area retired in November having worked for the County Council since the National Health Service Act came into force. Miss Skells was appointed to the vacancy. Mrs. Charlton was appointed district nurse/midwife for Crowland and took up duty on December 1st. Miss Faulkner commenced duty as Health Visitor in the Long Sutton area on July 28th. Miss Law was appointed Health Visitor in Boston, November 14th, enabling Miss Harriss to be released to spend three months early in 1961 doing a short course in Rauceby Hospital prior to specialising in domiciliary mental health care.

HOUSING OF STAFF.—Two bungalows were completed, one in Crowland for the district nurse/midwife and one in Spalding which was allocated to Miss Parish, full-time domiciliary midwife.

POST-GRADUATE COURSES.—Three midwives, two health visitors and two home nurses attended refresher courses. Six health visitors also attended short courses on screening tests of hearing in young children.

SCREENING TEST OF HEARING IN YOUNG CHILDREN.—Following attendance at the special training courses health visitors are arranging screening tests for hearing at the infant welfare clinics.

HEALTH VISITOR BURSARIES.—The County Council offers assistance in taking the Health Visitors training to suitable candidates. Towards the end of the year it was possible to offer bursaries to two candidates, one to commence training in January, 1961 and one in April, 1961 at the Battersea College of Technology.

HEALTH TEACHING.—During the year we were fortunate in obtaining the part-time services of a qualified Physiotherapist, Mrs. Shephard ; and in August were able to commence relaxation classes for expectant mothers both at Holbeach and Spalding. In each case these are run in conjunction with Mothercraft talks given by the midwifery staff. The attendance at these classes has been encouraging. Teaching at the Infant Welfare clinics has continued to be of a more informal and individual nature. The public health staff have also given talks to women's organisations, taken part in the " 1 in 5 " talks organised by the W.V.S. and given courses of home nursing lectures to the Civil Defence Welfare section.

HOME NURSING SERVICE.—In such a rural area a laundry service would not appear practical. As an alternative, special protective pads are provided for use when needed for incontinent patients. The after care committee and the Marie Curie Fund have been of great assistance in the provision of extras needed by the elderly and chronic sick and those patients suffering from cancer.

Analysis of Work undertaken by the Home Nursing Service during 1960.

	No. of patients.	No. of visits.
General care of the aged	560	14107
Nursing of children	80	507
Treatment of cases of accident	111	587
Dressings following discharge from Hospital	224	2643
Preparation of X-ray (Barium Enema) ...	47	113
Bladder Washout	14	593
Enemata	131	813
Changing Pessary	82	329
Injections—Insulin	55	9584
Streptomycin	12	746
Penicillin	29	135
Mersalyl	53	1460
Imferon	23	349
Cytamin	47	743
Others	77	1046

SECTION 26—VACCINATION AND IMMUNISATION

The Council's scheme provides for vaccination against smallpox, poliomyelitis, whooping cough and tuberculosis ; immunisation against diphtheria and tetanus.

VACCINATION AGAINST SMALLPOX.—Every effort is made to encourage parents to have their children vaccinated and there has been steady improvement in the vaccinal state of the population. The percentage is, however, not yet satisfactory and it is hoped that a further increase will occur. The following tables show the figures over the past 10 years :—

PRIMARY VACCINATIONS

Year	Under 1 year	1 to 4	5 to 14	15 or over	Total
1951	180	184	44	146	554
1952	360	36	39	78	513
1953	281	203	38	70	592
1954	490	48	24	40	602
1955	470	32	14	47	563
1956	453	50	15	72	590
1957	537	56	41	60	694
1958	513	46	26	46	631
1959	539	37	19	38	633
1960	550	53	18	52	673

RE-VACCINATIONS.

Year	Under 1 Year	1 to 4	5 to 14	15 or over	Total
1951	—	3	2	140	145
1952	—	1	6	58	65
1953	—	—	2	55	57
1954	—	6	3	36	45
1955	—	2	5	35	42
1956	—	1	14	50	65
1957	—	6	7	59	72
1958	—	1	6	50	57
1959	—	1	6	39	46
1960	—	—	7	47	54

Year	Number immunised against Diphtheria during the period 1947—1960.									
	Boston Borough		Boston Rural		Spalding Urban		Spalding Rural		East Elloe Rural	
	Under five.	Aged 5—15.	Under five.	Aged 5—15.	Under five.	Aged 5—15.	Under five.	Aged 5—15.	Under five.	Aged 5—15.
1947	312	86	255	41	236	80	199	47	249	205
1948	443	74	300	35	203	9	210	38	300	64
1949	339	31	255	22	167	8	200	23	280	45
1950	307	65	208	17	173	14	193	13	232	16
1951	276	51	230	10	127	11	159	16	227	17
1952	314	44	195	9	151	1	181	15	232	4
1953	271	39	240	11	175	3	210	8	278	7
1954	374	66	344	2	186	2	210	18	265	4
1955	282	77	309	22	198	5	205	38	255	23
1956	327	43	258	8	180	14	211	37	213	29
1957	333	32	246	15	170	19	186	12	239	31
1958	295	7	208	13	167	1	194	23	216	18
1959	284	11	270	4	175	20	209	23	229	13
1960	302	39	305	9	175	9	274	22	295	10
Total	4459	665	3623	218	2483	196	2841	333	3510	486

DIPHTHERIA IMMUNISATION.—The arrangements are unchanged. There has not been a notified case of diphtheria in the County since 1948 and this fact makes it difficult to persuade some parents to accept immunisation.

At the commencement of school life primary or reinforcing injections are given by the school medical staff, and special sessions are arranged if necessary.

The following table shows the number of children immunised during 1960 :—

District	Primary.				Boosters.
	Under 1	1-4 years	5-14 years	Total	All ages.
Boston Borough	279	23	39	341	381
Spalding Urban	168	7	9	184	421
Boston Rural	285	20	9	314	409
East Elloe Rural	278	17	10	305	431
Spalding Rural	256	18	22	296	392
Totals	1266	85	89	1440	2034

The next table has been completed to show the number of children in the three age groups who have been immunised at any one time and the percentage they represent of the population in these age groups.

District	Under 1 year (i.e. born in 1960)		1 and under 5 years (born in 1956-1959)		5-14 years (born 1946-55)	
	No.	%	No.	%	No.	%
Boston Borough	130	37.7	1189	79.9	3694	94.4
Spalding Urban	65	26.0	663	70.0	2078	95.8
Boston Rural	137	43.7	981	72.0	3225	93.0
East Elloe Rural	108	33.2	892	72.1	3309	90.9
Spalding Rural	91	31.5	835	71.8	3092	96.0
Totals	531	34.9	4560	72.6	15398	93.8

When considering the figure 34.9% for children born in 1960 who have been immunised by the end of the year, it must be noted that only about one-third of the children born in 1960 could complete the protective treatment by December 31st. In actual fact the number of children immunised during the first year of life is steadily increasing.

By taking the number of children immunised before reaching the age of one year (1266) as a percentage of the live births (1697) in 1960 the result is 74.6% which is steadily approaching the Ministry's objective of 75%.

The percentage of children under five years of age who have been immunised was 65.2 and in the five to fourteen age group there was an increase from 93.1% to 93.8%.

Individual immunity tends to wane with the passage of time. The following table therefore shows the proportion of children who have had a course of immunisation during the last five years.

Age at 31.12.60 i.e. Born in Year	Under 1 1960	1—4 1956-1959	5—9 1951-1955	10—14 1946-1950	Under 15 Total
Last complete course of injections (whether primary or booster).					
A. 1956-1960	531	4560	6527	5346	16964
B. 1946-1955	—	—	1201	2324	3525
C. Estimated mid-year child population	1520	6280	16400		24200
Immunity Index 100 A/c	34.9	72.6	72.3		70.0

WHOOPING COUGH VACCINATION.—Vaccination against whooping cough has been in operation since 1952.

The following figures show the extent to which inoculation against whooping cough has been carried out during the year.

Children immunised (combined prophylactic) 988
Children inoculated (whooping cough prophylactic alone) 297

The following table shows the number of vaccinations against whooping cough, either alone or in combination with diphtheria, since 1954 :—

District.	1954	1955	1956	1957	1958	1959	1960
Boston Borough	343	274	296	329	353	304	280
Spalding Urban	185	187	162	170	180	182	171
Boston Rural	328	294	238	238	253	277	291
East Elloe Rural	264	241	182	235	240	241	284
Spalding Rural	223	193	187	183	216	212	259
	1343	1189	1065	1155	1242	1216	1285

B.C.G. VACCINATION (Section 28 National Health Service Act).—The scheme for vaccination against tuberculosis was continued during the year in accordance with Ministry of Health policy.

1557 children received the initial skin test, of whom 1235 had a negative reaction and 1197 were vaccinated. 304 children showed a positive reaction to the test.

POLIOMYELITIS VACCINATION.

The position of polio vaccination at 31st December, 1960 was as follows :—

Year of Birth.	Third Injection.	Percentage.
1920	27	1.28
21	35	1.74
22	39	1.98
23	38	2.00
24	40	2.20
25	55	2.94
26	55	3.17
27	54	3.25
28	79	4.31
29	94	5.42
1930	85	4.79
31	97	5.47
32	161	9.23
33	439	26.5
34	499	31.2
35	507	30.3
36	488	30.6
37	481	29.6
38	476	29.8
39	554	52.0
1940	612	38.7
41	629	39.3
42	814	46.6
43	974	56.5
44	1,234	66.7
45	1,223	68.5
46	1,397	70.6
47	1,537	72.9
48	1,351	71.7
49	1,330	71.7
1950	1,266	74.2
51	1,283	76.7
52	1,336	74.0
53	1,327	77.1
54	1,284	73.2
55	1,208	77.3
56	1,262	78.3
57	1,289	78.0
58	1,154	69.8
59	347	22.5

During the year the 1933-42 group showed an increase over the previous year, but the figure is far from satisfactory. The 1920-32 group did not become eligible until February, 1960, and although the figure is low it is improving.

The total number who had received three injections at 31st December, 1960 was 27,180 and a further 6,422 had received two injections.

IMMUNISATION AGAINST TETANUS.

This type of immunisation has been available for some years and while there is a growing awareness of the usefulness of this type of prophylactic, the numbers so immunised remain low.

A scheme has now been prepared which will be based on seeking acceptances through the schools, although one must not forget the still heavy demands which have to be met in respect of poliomyelitis vaccination and diphtheria immunisation. It is clearly of great importance that information in respect of immunisation against tetanus is freely available in time of an injury. At the end of a course of triple antigen a certificate is issued to the parent in respect of the tetanus and a copy is forwarded to the general practitioner. Similarly where single doses of tetanus toxoid are used, an interim certificate is issued to the family doctor after the second dose ; this immunity is considered to last for six months. After the third injection, the course being one of eight months, the interim certificate is cancelled and a certificate of completion substituted for parent and doctor, and advice given in respect of the maintenance of immunity by booster doses at intervals of five years. The importance is stressed of producing the certificate at the time of an injury, thus avoiding the unnecessary use of tetanus antitoxin.

The surgical department sought advice relating to the use of antitoxin in cases which might lead to the risk of tetanus infection. Full advice was made available in respect of preventive measures and particularly in relation to the assessment of a patient's history where an allergic condition might well exist. The surgical department intended to bring guidance notes to the notice of junior medical officers. Quite a time ago these matters were discussed at a Medical Staff Committee, and notes on the prevention of tetanus were offered. The Secretary of this Committee, however, sought advice from one of the Medical Protection Societies and the advice offered was that it was unwise to give a set of instructions to junior medical staff, the assumption being that junior medical staff should be expected to take full responsibility and to make their own decisions. However, in practice there may be a subtle distinction between notes of guidance and instructions. The hospital authority notifies the practitioner when antitoxin has been given so that active immunity can be undertaken, avoiding the use of antitoxin on future occasions.

SECTION 27—AMBULANCE SERVICE.

This service is managed directly by the Council through the County Ambulance and Transport Department, and the following details have been supplied to me by the County Transport Officer in respect of the year ended 31st March, 1961.

	Emergency.	Others
Number of patients carried by ambulance	1,191	8,967
Number of patients carried by car	21	35,692
Supplementary Car Service	199	7,574
Patients carried by rail	—	326
	1,411	52,559

Total 53,970

Mileages.

(a) Ambulances	82,119
(b) Council Cars	215,731
(c) Supplementary Cars	82,476
(d) Rail	18,754
	399,080

Abortive Journeys 300

The above figures show the following variations as compared with the year ending 31st March, 1960 :—

Patients carried	— plus	941	=	plus 2%
Mileage	— plus	13,463	=	plus 4%
Abortive Journeys	— plus	131	=	plus 78%

The establishment at the end of the period was as follows :—

Station Officers	2
Whole-time Driver Attendants	18
Whole-time Mechanics	4
Number of ambulances	14*
Number of sitting case cars	8
Ambulance Stations	4

* includes five utility ambulances which are mainly used for the conveyance of sitting cases.

The work of the Service has again increased, and at last it has been necessary to ask permission to employ additional drivers at Spalding and Holbeach Ambulance Stations.

Again the number of persons carried per thousand population, 499, is the third highest among the 46 rural counties in England and Wales, but the cost per person, 12/0d., compares very favourably with the average, 16/9d.

This County's Service covered an average distance of 6.4 miles per patient, which was 1.0 miles less than last year, and is 2.0 miles less than the average for other counties, and when it is realised that 53,970 patients were carried, this saving is considerable. Only one other county, the Isle of Wight, had a lower average mileage per person, but the cost per person in that county was 4d. more than in the County of Holland.

Only five other counties had lower costs per mile, Holland's cost being 1/11d. as against the average for rural counties of 2/4d.

Holland's cost per person carried, 12/0d., against the average of other rural counties, 16/9d., is actually 11d. less than the cost in 1958/59, and is the third lowest in England and Wales.

Although two old ambulances were disposed of during the year, they were replaced by a fourteen seater utility ambulance and an emergency ambulance of the latest design ; the whole of the body being constructed of fibre glass.

The voluntarily manned station at Crowland has continued to operate most satisfactorily, and has enabled more work to be undertaken by the Holbeach and Spalding Stations.

The Department has continued to receive the utmost help and consideration from members of the medical profession, the staffs at hospitals, etc., and great help has been given by the staff of British Railways in connection with the conveyance of patients over long distances by train.

Twelve volunteers have given service as ambulance drivers or attendants, and seven as escorts on long distance train journeys only. These numbers have again decreased, but my thanks are due in greater measure to those who have continued to give such valuable assistance.

CHIROPODY SERVICES—SECTION 28.

The Direct County Scheme was established on 1st April, 1960 and eight chiropodists qualified in accordance with Section 3 of the National Health Service (Medical Auxiliaries) Regulations, 1954 are now making their professional services available.

Treatments are undertaken at surgeries and at clinics in Boston, Spalding, Donington, Holbeach and Sutton Bridge, in two of these areas sessions have been established recently. Requests for domiciliary treatments are referred to the liaison officer in order that professional time can be used to the best advantage. County transport is provided where necessary, clinic patients tend to be the less active. The system of reference appears to be working satisfactorily and administrative matters relating to surgery attendances and clinic attendances, the provision of modern equipment, have all been settled in consultation with the chiropodists.

The charge of two shillings and sixpence for each treatment is accepted and only in very rare instances has it been necessary to waive this charge. Every endeavour is made to allow freedom of choice by the patients for surgery attendance.

Appliances are ordered by the chiropodists and prior approval is sought where the cost exceeds ten shillings. At clinics an additional fee of ten shillings is paid to cover the cost of dressings, eight patients are normally asked to attend each session, the average attendance is seven, the ailments of old age lead to failed appointments. Clinic nursing staff or voluntary helpers assist, being responsible for clerical work, the appointments system and the general care of the aged.

Individual record cards are submitted to the County Medical Officer for each patient containing an estimate of treatment requirements. There are anxieties arising from the failure of the Whitley Council to reach agreement in relation to surgery fees and in March 1960 the County Council asked the County Councils Association to impress upon the appropriate Whitley Council the desirability of an early decision. The present fees of an interim nature, six shillings including dressings for surgery attention and eight shillings and sixpence for a domiciliary visit are clearly low and the County Council has accepted retrospective payment should the final agreement exceed the interim arrangements. The whole matter is most unsatisfactory to the chiropodist and to the County Council and agreement has not yet been reached. I understand that there are areas where chiropody schemes cannot be implemented because of failure in negotiation, clearly to the disadvantage of old people. The Health Committee is indebted to the high degree of public spirit shown by the liaison officer and his colleagues who have contributed much to the welfare of the aged. The success of the Direct Scheme in the first year of working has been undoubted but there is no incentive to attract chiropodists to establish surgeries to cover the range of work which needs to be done, not only for the elderly, but also for the school child, while the deadlock in negotiation persists.

Casual user allowance is paid, excluding the first two miles in each direction for domiciliary visits and for journeys to clinics outside the chiropodists' normal surgery area.

I am indebted to Mr. N. H. Hughes, the liaison officer for the following information.

Total Registrations	617
Free treatment	3
Analysis of referrals	
(a) Transferred 31st March, 1960	462
(b) General Practitioner	51
(c) County Council Staff	48
(d) Voluntary organisers	56

Categories

Aged	588
(average age 74)	
Physically Handicapped	25
Expectant and nursing mothers, etc. ...	4

Total treatments 2,424 1.4.60 to 31.12.60.

Surgeries	1,692
Clinics	659
Domiciliary	73

Appliances	9

The initial estimate that between 3,500 and 4,000 treatments could be provided in a full year will prove to be correct with the number of operators available. Patients referred by general practitioners, in the main present a greater medical need. More than one pregangrenous case has been seen, making a heavy demand on time. Appointments are given with the minimum of delay at either surgery or clinic where medical advice had been sought.

Domiciliary visiting accounts for 2.9% of the patients.

Experience has shown that seven is a sufficient number to ask a chiropodist to treat with clerical help and also ensuring a high standard of work so necessary when dealing with the aged.

The opening of Spalding clinic for weekly sessions eventually, two sessions each month at the commencement from January 1961 will allow an increase of 350 treatments in a full year and from April 1961 at Sutton Bridge a further 130 treatments two sessions each month.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28).

The Holland Care Committee has now entered the twenty-seventh year of its work, changes have been witnessed, action has been taken to keep abreast of modern requirements. General after-care progresses steadily, the Committee has long fostered arrangements to assist cases of illness due to causes other than tuberculosis.

Apart from the annual grant received from the County Council, the Committee in turn raises a considerable amount by voluntary effort, the sum of £256 being received from the Christmas Seal sale and £105 from other sources.

The total expenditure by the Committee for the year ended 31st March, 1961, was £1,649.

The following particulars indicate the extent of help given by the Committee :—

TUBERCULOSIS SCHEME.—Help has been given during the year in the following ways :—

Milk.—Grants of extra nourishment by the way of milk have been given in 74 cases. Milk so supplied has averaged 302 gallons monthly.

Fares.—For visiting child in hospital, 1 case.

Foods.—Proprietary foods and groceries have been supplied in 3 cases.

Money Grants.—2 cases.

In addition help has been given in a number of cases by the National Assistance Board, the Women's Voluntary Services and members of this Committee.

Visiting.—Patients are visited approximately every three months for review of circumstances.

GENERAL AFTER-CARE.—Help was given in respect of 70 cases as follows :—

Milk.—Allowances of this nature were given to 15 patients.

Convalescent care provided for four adults and one child at Hunstanton Convalescent Home.

Groceries.—Allowances were made in 7 cases.

Fares and provision of transport—4 cases.

Footwear and/or clothing were provided in 14 cases.

Miscellaneous (coal, bedding, etc.)—25 cases.

This statement does not include assistance given privately from time to time by members of the Committee.

MARIE CURIE FUND.—During the period from 1.4.1960 to 31.3.1961 the number of home patients who were assisted was 18.

Allowances were made under the following headings :—

Extra nourishment (milk, etc.)	5
Groceries	3
Comforts for patients (Brandy, Lucozade, etc.) ...	8
Special dressings	2
Clothing, etc.	5

These allowances amounted to £126 18s. 11d.

NURSING AND LYING-IN FUND.—Help was given as follows :—

Sheets and/or blankets	4
Clothing and footwear	5
Milk	1
Miscellaneous	4

MENTAL ILLNESS.—In July 1960, the County Council sponsored activities during Mental Health Week as a prelude to the Mental Health Act which became operative towards the end of the year, and representatives of the Committee were closely associated. Subsequently the Care Committee visited the training centres for the mentally sub-normal in Boston and Spalding, expressing deep interest in the range of activities and in the premises which had been made available.

A new era in the field of Mental Health is now unfolding and a co-ordination of effort over the coming years will be required. Emphasis is being placed on the development of community care for the mentally sick, a service which will, through the help of voluntary endeavour, the help of family doctors and psychiatrists, mental welfare officers and members of the nursing profession, be closely integrated with hospital care. Elected members, managers of Government offices and employers each have a part to play. Relatives may well require help as almost threequarters of new patients of all ages are now discharged from hospital within three months, these constitute the short stay group. Those who do not respond to treatment immediately or require prolonged treatment of a different kind may well need at least two years of hospital care, the tendency is for patients, hitherto needing permanent care to become less in number. The future role of Local Health Authorities in providing hostel accommodation for elderly disordered patients, for mentally subnormal patients and an increase in accommodation in old people's homes, will make a firm basis for community care. The appointment of Mental Welfare Officers to the County Health Department and to the County Welfare Department, together with the increased range of work of the Care Committee have been brought to the notice of the general practitioners and psychiatrists. The population at large will be expected to accept a growing sense of additional responsibility in the development of care of the mentally disordered.

MEDICAL LOAN DEPOTS.—During the year, the County Council continued the arrangements for the loan of nursing equipment and appliances on the recommendation of the family doctor or the district nurse.

The following depots function :—

BOSTON.—County Hall. This is intended to operate when demands cannot be met by the voluntary associations. Applications are dealt with during office hours.

BOSTON.—Red Cross Depot, Rosegarth Street, Boston. This depot, which is administered by the local branch of the British Red Cross Society, is open each evening from 6.30 p.m. to 8 p.m.

HOLBEACH.—Depot at 17 Fleet Street. Administered by Holbeach Division of St. John Ambulance Brigade.

SPALDING.—Depot maintained by the St. John Ambulance Brigade. The area covered includes the Spalding Urban and Rural Districts.

SUTTON BRIDGE.—80, Bridge Road. The depot is managed by the St. John Ambulance Brigade.

CROWLAND.—British Legion Depot. This depot is administered by the members of the local branch. No charge is made for any article loaned.

The articles in most demand are bed-pans, air-rings, mackintosh sheets, back rests, urinals, bed tables, crutches, hot water bottles, bed cradles and invalid chairs.

The depots managed by the St. John Ambulance and Red Cross Associations may send in requisitions as and when necessary to the County Council for additional stock or renewals.

Applications were received and dealt with as follows :—

Depot	Cases Assisted	Articles Loaned
Boston (Red Cross)	153	224
Boston (County Hall)	76	93
Crowland (British Legion)	18	28
Holbeach (St. John Ambulance) ...	30	40
Spalding (St. John Ambulance)	111	111
Sutton Bridge (St. John Ambulance) ...	38	64

VENEREAL DISEASES.—The provision of treatment for these diseases is the responsibility of the Regional Hospital Board. Generally speaking patients from the Holland area attend at the London Road Hospital, Boston, or at the West Norfolk and King's Lynn Hospital, King's Lynn.

The following table shows the number of new cases for this area treated at special clinics during the year :—

New Cases	Boston Clinic	Lynn Clinic	Total
Syphilis ...	3	1	4 (6)
Gonorrhoea ...	8	5	13 (19)
Other Conditions	24	12	36 (38)
Total	35	18	53 (63)

Note : The figures in brackets relate to the year 1959.

TUBERCULOSIS.

NOTIFICATION.—In 1960 twenty-nine cases of pulmonary tuberculosis and four of non-pulmonary tuberculosis were notified.

DEATH RATE.—The number of deaths from pulmonary tuberculosis was two compared with seven in 1959. There were no deaths from non-pulmonary tuberculosis The death rate for all forms of tuberculosis was 0.02 per thousand of the population. The rate for England and Wales was 0.075.

REPORT OF CHEST PHYSICIAN.—Dr. A. M. Forrest has kindly furnished the following information :—

The position as regards tuberculosis in the county remains satisfactory. The death rate and case rate are both far below the national average.

Both the number of deaths and notification of new cases has again fallen and although there is a slight rise in the notifications for our respiratory cases, this total is now so low that no significance can be attached to those figures.

The results with newly diagnosed cases is now excellent with modern treatment and a high proportion return to full work within a few months of diagnosis.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952.

Part I.—Summary of Notifications during the period 1st January, 1960, to the 31st December, 1960, in the area of the County of Lincolnshire (Holland).

AGE PERIODS	Formal Notifications — Number of Primary Notifications of new cases of tuberculosis.											
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	Over 65	Total
Pulmonary—												
Males	—	—	—	—	1	1	3	3	2	4	1	15
Females	—	—	—	—	1	—	5	—	—	1	—	7
Non-Pulmonary—												
Males	—	—	—	1	—	—	1	—	—	—	2	4
Females	—	—	1	—	3	2	—	—	—	—	—	6

Part II.—Supplemental Return.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above mentioned period otherwise than by formal notification.

Pulmonary—												
Males	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—	—	—	—	—	—
Non-Pulmonary—												
Males	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—	—	—	—	—	—

The following table shows since 1950 the new cases of tuberculosis notified each year in the administrative County together with the case-rate per 1,000 of the population.

Year	Notifications			Case-rate per 1,000 of the population		
	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Tuberculosis (all forms)	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Tuberculosis (all forms)
1950	50	9	59	0.49	0.09	0.58
1951	61	24	85	0.61	0.24	0.85
1952	58	14	72	0.57	0.14	0.71
1953	43	11	54	0.42	0.11	0.53
1954	39	14	53	0.38	0.14	0.52
1955	36	14	50	0.35	0.14	0.49
1956	25	6	31	0.24	0.06	0.30
1957	31	4	35	0.30	0.04	0.34
1958	30	6	36	0.29	0.06	0.35
1959	29	4	33	0.28	0.04	0.32
1960	22	10	32	0.21	0.10	0.31

The table which follows shows the number of deaths registered and the death rates recorded during the years 1950 to 1960 in the administrative County.

Year	Deaths			Death rate per 1,000 of the population		
	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Tuberculosis (all forms)	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Tuberculosis (all forms)
1950	20	8	28	0.20	0.08	0.28
1951	24	6	30	0.24	0.06	0.30
1952	13	3	16	0.13	0.03	0.16
1953	12	1	13	0.12	0.01	0.13
1954	16	2	18	0.16	0.02	0.18
1955	7	3	10	0.07	0.03	0.10
1956	6	Nil	6	0.06	—	0.06
1957	5	2	7	0.05	0.02	0.07
1958	7	1	8	0.09	0.01	0.10
1959	6	1	7	0.06	0.01	0.07
1960	2	Nil	2	0.02	—	0.02

SECTION 29—HOME HELPS.

The County Home Help Service continued to meet the varied and fluctuating demands made upon it by the fairly stable establishment of 73 to 76 workers. Adjustment in staff from district to district is always necessary. The following table shows the staff situation at the end of the year.

District	Full time	Regular Part-time	Casual Part-time	TOTAL
Boston, Wyberton and Fishtoft ...	2	22	—	24
Spalding and District	—	12	1	13
Kirton and Frampton	1	2	—	3
Kirton Holme and Hubberts Bridge	—	1	1	2
Sutterton, Fosdyke and Wigtoft ...	—	1	—	1
Swineshead, Donington and Gosberton	1	5	—	6
Surfleet	—	—	2	2
Leverton, Old Leake and Wrangle	—	3	1	4
Crowland, Cowbit and Deeping St. Nicholas	—	2	1	3
Holbeach	—	6	1	7
Whaplode, Weston and Moulton ...	—	2	—	2
Fleet, Gedney, Long Sutton and Sutton Bridge	—	6	1	7
WHOLE COUNTY	4	62	8	74

The full-time helpers continue to form the nucleus of the service and deal mainly with maternity cases and problem families. Regular part-time workers form the main body of helpers and attend the bulk of aged and infirm and chronic sick cases. The part-time worker averages between 30 and 40 hours each week, and may attend up to eight cases each week, thus being of the greatest value in the maintenance and development of the service. The casual Home Helps—women who are prepared to work as and when required—are often specially appointed to attend cases in the more remote rural areas and consequently contribute considerably to the economy of the service. During the year County transport was called upon to render assistance in 13 cases, all of which were short term maternity cases in isolated districts and transporting an existing home help was the only practical solution.

This service is essentially one of day to day administration, this work being carried out by a member of the County Health Department, whilst the Assistant County Nursing Superintendents assist in supervision of helps in patients' homes. The close co-ordination of these arrangements ensure that cases are reassessed both with regard to need and financial recovery, and help to prevent abuse of the service. In the Spalding Urban area, a part-time organiser is employed who carries out general administration work in close co-operation with the County Health Department.

The hourly wage rate of Home Helps (determined in accordance with the National scales) is now 3/6$\frac{3}{8}$d. per hour for Urban district cases and 3/5$\frac{5}{8}$d. for Rural district cases. This satisfactory rate of pay is reflected in a very small turnover of staff and leads to a more efficient service. New home helps are only enrolled after careful screening, and are closely supervised during their first few weeks of work. Occasional meetings and lectures are given when helpers have the opportunity to meet each other, to have their problems discussed and their grievances aired.

Home Helps attending homes of tuberculosis cases and certain other infectious diseases do so voluntarily and receive an additional payment of 2d. per hour. Home helps in this category undergo an X-ray examination of the chest at the commencement of the case and are re-examined at periods if attending a long term case.

ASSESSMENT SCALE.—The maximum charge was increased to 4/- per hour on 1st January, 1961. Applicants may opt to complete a statement of income when the contribution is assessed in accordance with the Council's scale of charges. Occasional applications involving extenuating circumstances make the normal scale of charges impracticable, when the County Medical Officer exercises his authority to determine the contribution payable. The County Medical Officer may also use his discretionary powers to reduce a charge of 4/- per hour to 2/6d. per hour for all attendance in excess of 30 hours in any one week.

CASES DEALT WITH.—234 new cases were dealt with during 1960, and of these 82, or 35% were assessed at the maximum charge, an increase from 23.4% in 1959. The bulk of these cases were for home confinement, where help is normally provided full time for a period of 10 to 12 days. The greater proportion of the remainder of cases are infirm or chronic sick pensioners whose average contribution may only be 6d. per hour. This tends to hold down the financial recovery rate, but ensures that a most vital need is met.

During the year the service was provided free of charge in only 8 cases, most of which were severe problem families where help was provided in an emergency. Five of these cases were still receiving limited help at the end of the year.

The total cost of the service for the year ending 31st March, 1961 £14,840

Income from contributions £3,306

Recovery rate 22.3% (22.2% for the previous year)

The difference between total expenditure and income rates for 50% ministerial grant—thus the total cost to the Council was £5,767.

During the year a total of 531 cases received help of whom, 234 were new applications. The following table shows the expansion of the service since 1948 :—

Number of Helps at 31st December		Cases provided with help
1948	14	80
1949	22	101
1950	51	212
1951	61	330
1952	60	407
1953	63	361
1954	63	407
1955	64	433
1956	68	449
1957	70	483
1958	72	540
1959	72	486
1960	74	531

During the year under review 12 new Home Helps were appointed and 10 left the service.

The 531 cases provided with help during the year fall into the following categories :—

	New Cases	Total Cases
Maternity	90	93
Aged and infirm	56	194
Chronic sick	40	148
Post-operative convalescence	30	46
Tuberculosis	—	1
Blind	3	15
Problem Families	1	3
Accident	8	21
Care of children	6	9
Mental defective	—	1
Total	234	531

The Home Help Service continues to play an integral part of the National Health Service and provides relief from anxiety for many people unable to care for themselves. On the more practical side there is a not inconsiderable saving of beds in hospitals and old

people's homes. The provision of Home Helps is often the result of close liaison between the service and midwives and district nurses whilst many other new cases are brought to the Department's notice by medical practitioners, hospital almoners, the National Assistance Board and other social and voluntary organisations. This service is well contained within the spirit of circular 14/57 " Local Authority Services for the Chronic Sick and Infirm ".

MENTAL HEALTH SERVICES—SECTION 51.

Towards the end of the year the Mental Health Act came into operation ; this was the end of a period which had been given to planning for future needs and consultation with members of the Public Health department staff, the Local Medical Committee and the Medical Superintendents of the hospitals. This time of planning followed the issue of Circular 9/59, a memorandum being submitted to the Mental Health Sub-Committee.

Attention was drawn to the training centres in Boston and Spalding which catered for some adults, although primarily intended for children. It was agreed in principle that an increase of transport facilities should be made available for the distant rural children who hitherto were attending on a part-time basis. A suggestion to increase the available accommodation at the Spalding centre was accepted and this will be effective in 1961. Similarly at Allan House, Boston, added accommodation is being provided.

The health visiting staff and mental welfare officer were asked to survey the need for a day training centre with hostel facilities for mentally subnormal males, and to have discussions with parents. A further task was to explore the requirements for residential accommodation in respect of mentally subnormal children.

Relevant factors here are children living in the remote parts of the commuunity and who are denied attendance at the training centres, weekly boarding being envisaged ; short term care to give parents a rest, there are other family matters of illness or pregnancy.

Some children who fall in the category of the severely mentally subnormal may have double handicaps and are not capable of responding to day training. These children could well be admitted from time to time, in harmony with parental care in an attempt to foster social training. The atmosphere would be one of the home and every endeavour would be made to seek a matron trained in the special field of the mentally subnormal, it may well be that this provision may emerge in 1962 in the South of the County.

Short term care was arranged for two mentally sub-normal children at Dr. Barnardo's Home, Derbyshire, and thirteen mentally sub-normal patients were admitted to Harmston Hall and Fleet Road

Hospital. The parents were most appreciative, giving them some respite, and the use of hospitals for this type of temporary care has been a great advance in recent years.

In February, 1960, the informal observations of the Ministry were discussed at the Mental Health Sub-Committee, the subject being the draft proposals under Section 28 of the National Health Service Act, Circular 22/59 related and accordingly the draft was amended in a minor respect and submitted to the Health Committee. The proposals had been discussed with the psychiatrists, general practitioners and at sub-committee level with the Holland (Lincs.) Executive Council, from a very early date, and also with the members of the Care Committee. This Charter for the future care of the mentally disordered will need much good will, prolonged and determined effort, a willingness to experiment, and indeed some display of ingenuity, in an approach to local light industries, when the future training of the mentally subnormal is being planned. The tempo of training of the mentally subnormal is away from handicrafts and to be more directed to useful productive spheres of work. Some 12.5 acres of land owned by the County Council exist in Boston and it may well be that a training centre for adult males with hostel accommodation will come into being during the course of the next two or three years. It should be appreciated that sites for building purposes are well nigh impossible to find and to plan a site for a hostel, as a separate entity, could be expected to lead to added difficulties.

In May, 1960, general practitioners were consulted following receipt of Circular 7/60 referring to the Mental Health (Approval of Medical Practitioners) Regulations, 1960. The procedure centres upon advice sought from two members of the Area Professional Advisory Panel who had to be satisfied that medical practitioners possessed special experience in mental health matters which would enable them to make recommendations under Parts IV and V of the Act. The Health Committee accepted seven practitioners, three being on the staff of the health department.

Consideration was given to Circular 14/60 and Section 6(2) of the Mental Health Act. Six officers were appointed to act as mental welfare officers, one being a woman worker, the others being members of the Welfare Department. In due course the additional services of a health visitor will be available. It was indeed a time of circulars and regulations, and following consideration of Circular 17/60, authorisations were agreed as to discharge of patients from guardianship. Medical Officers of the Local Health Authority were authorised to receive any document under the Act and Regulations and to exercise any function in relation to the guardianship of a patient, apart from the function of discharge under Section 47. Further under the Mental Health (Hospital and Guardianship) Regulations, 1960, medical officers and mental welfare officers were authorised to consent to the amendment of an application or medical recommendation under

the provisions of Section 34(4). The following building programme reflects the intention of the County Council to help the requirements of the mentally disordered in fostering community care, in easing the demand for hospital beds and to further training facilities :—

1962/63 purchase and adaptation of a house to cater for the needs of mentally subnormal children below the age of sixteen years.

1962/63 the building of a residential hostel for thirty mentally subnormal males with day training facilities, three workshop rooms envisaged, this project would be completed in the following year.

1963/64 provisionally a hostel for mentally disordered old people, in more specific terms a psycho-geriatric hostel, twenty-five places for women and fifteen for men.

The Medical Superintendent at Rauceby Hospital does find difficulty in procuring accommodation for older people who no longer require continuous medical or nursing care. As hitherto a proportion of these patients can be found accommodation in old people's homes, but it is envisaged that this method would not be applicable to all old people. The Medical Superintendent has given advice that the need for women's accommodation will always be greater than that of the men. The staff will need to be drawn from nurses who have undertaken mental training and it seems quite clear that such a hostel can take its place in providing temporary accommodation to ease home situations. It could well be that admission pending assessment under the care of a psychiatrist could also be usefully done. Clinical reports are made available to the County Medical Officer by the Medical Superintendent so that the approach to after care can be undertaken. The services of the consultant psychiatrists in respect of the mentally subnormal continue to be available. This is a measure of very long standing. Generally therefore on the appointed day there was already in existence a sound basis for the future development of the Mental Health Services.

The County Council made full use of Mental Health Week, bringing to the notice of Chairmen and officials not only of the County Council, but also of the Borough Council, Urban Council and three rural areas, together with many representatives of voluntary organisations, the fundamental principles of community care and the place of the day training centres. The deep interest shown by civic representatives in the centres at Boston and Spalding were wholly appreciated by the members of the staffs concerned. The varied programmes of work, the attractiveness of the premises and response of the mentally subnormal to visitors were all the subject of interested comments.

The following table gives the statistical data at 31st December, 1960 :—

Number of Patients under L.H.A. care at 31.12.60	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Totals			
	Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
(a) Receiving training or occupation in day centre.	—	—	—	—	—	—	—	—	6	10	11	9	8	4	4	3	14	14	15	12
Awaiting training or occupation in day centre.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Receiving training or occupation in residential centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting training or occupation in residential centre	—	—	—	—	—	—	—	—	—	—	8	—	—	—	2	—	—	—	10	—
(c) Receiving home training	—	—	—	—	—	—	—	—	—	—	7	3	—	1	—	—	—	1	7	3
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.A. home/hostel (*Lay assessment)	—	—	*18	*24	—	—	—	—	—	—	4	1	—	—	—	—	—	—	22	25
Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident at L.A. expense in private residential home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Resident at L.A. expense by boarding out in private home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(g) Receiving home visits and not included under (a) to (f)	—	—	—	5	—	—	—	—	4	2	35	60	5	5	15	9	9	7	50	74
(h) Others (including not yet visited)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(i) Number of Patients involved at (a) to (h)	—	—	18	29	—	—	—	—	10	12	65	73	13	10	21	12	23	22	104	114
Number of Patients in L.H.A. area on waiting list for admission to hospital at 31.12.60.																				
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	1	1	—	5	7	5	—	5	8	6	—
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	7	3	5	2	6	2	5	2	13	5
Number of Patients admitted temporarily for residential care during 1960.																				
(a) To N.H.S. hospitals	—	—	12	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	18

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS ACT, 1955.—Mr. R. Fidling, the County Health Inspector, is also the Food and Drugs Sampling Officer.

The number of samples submitted to the Public Analyst for analysis during the year was 347, and were as follows :—

Nature of Samples	Formal	Informal	Total
Apples		3	3
Almonds, ground		6	6
Almond marzipan		1	1
Almond paste	1	1	2
Butter	7	8	15
Butter sweets		2	2
Butter beans	2		2
Bacon and mushroom		1	1
Baked beans and Hamburgers		1	1
Blackberries, canned		1	1
Barley sugar		1	1
Bronchial mixture		1	1
Cheese spread		1	1
Cheese sandwich		1	1
Colwich cheese	1		1
Ciderkin		1	1
Crab spread with butter		1	1
Cream double	4		4
Cream single	1	1	2
Cream sterilised		3	3
Cream dairy		1	1
Cream Homogenised		1	1
Cream bun		1	1
Cream cheese	2	1	3
Cream cheese spread		1	1
Custard powder		1	1
Curry powder		1	1
Coffee and Chicory essence		1	1
Crab paste		1	1
Crab spread		1	1
Dripping		2	2
Diabetic Cocktail		1	1
Dandelion and Burdock		1	1
Flour Plain		1	1
Flour Self Raising		2	2
Fish Cakes		2	2
Fruit Cocktail		1	1
Full cream milk block		1	1

Nature of Samples	Formal	Informal	Total
Gelatine		1	1
Ginger ground		2	2
Ham and chicken		1	1
Ice cream	8	2	10
Ice lolly	2	1	3
Instant coffee		2	2
Instant tea		1	1
Indigestion tablets		1	1
Jam		1	1
Jellied veal		1	1
Luncheon meat		2	2
Luncheon meat loaf		1	1
Lard		3	3
Lemon curd		1	1
Lemon drink		1	1
Liver sausage		1	1
Martlet Honegar		1	1
Margarine plus 10% butter		2	2
Marzipan	1		1
Meat rolls		2	2
Meat paste		1	1
Midget Brislings		1	1
Minced chicken in jelly		1	1
Milk	144	32	176
Milk powder		2	2
Milk chocolate cigarettes		1	1
Nutmeg (ground)		1	1
Non brewed condiment		1	1
Orange drink	12		12
Peas (canned)		5	5
Pilchards in tomato		1	1
Pork pie		1	1
Pork luncheon meat		1	1
Pepper (white)		1	1
Raspberries (canned)		1	1
Rum	1		1
Salmon (canned)		2	2
Sausages pork		11	11
Sausages beef		2	2
Sausage meat		1	1
Sausage pie (pork)		1	1
Saccharine tablets		1	1
Spaghetti Sauce		1	1
Still whole orange drink		1	1
Strawberries in syrup		1	1
Sugar, brown		1	1

Nature of Samples	Formal	Informal	Total
Sweets		1	1
Vinegar	2	1	3
Whisky	1		1
Wine, port style		1	1
Yoghourt	1		1
Total	190	157	347

Of this number 20 samples equivalent to 5.8% were reported as either adulterated or showing some other irregularity.

The percentage in 1959 was 6.2%.

MILK SAMPLES

18 samples of milk showed some deficiency, i.e.

Of the 144 Formal milk samples, 10 samples (6.94%) were unsatisfactory. Of the 32 Informal milk samples 8 (25%) were unsatisfactory. One sample of milk from a bottle being retailed to the public was grossly deficient in milk fat. Six samples contained added water, five of these being from one source, and one from another source, both of which were produced outside our county. Eleven other samples showed the presence of extraneous water that was natural to the cow.

The Public Analyst differentiates between those milks which have been adulterated by means of water having been added to the milk and those milks which contain an extra water content as given by the cow, by the use of the Freezing Point (Hortvet) test.

The average composition of milk samples reported to be genuine was :—

For Ordinary Milk (142)

Average 1960

Milk Fat=3.62%
Solids not Fat =8.72%

Legal Minimum Standard

Milk Fat=3.0%
Solids not Fat=8.50%

Average in 1959

Milk Fat=3.54%
Solids not Fat=8.73%

For Special High Quality Milk

Milk sold under the description of Channel Island and South Devon milk is required to contain a minimum of 4% Milk Fat and 8.50% Solids not Fat. 22 samples of this type of milk were examined. The average Fat content was 4.76% and average Solids not Fat 9.30%. In 1959 the averages were Fat 4.73% and Solids not Fat 9.31%.

COMPLAINT SAMPLES.—The three complaints notified by members of the public were investigated :—

1.—A slug like object found in a can of peas. The object very closely resembled a slug, but examination showed it to consist of hardened decayed vegetable matter. The local health authority took up the matter with the factory concerned with a view to the exclusion of such objects during processing operations.

2.—Dried milk and custard powder. A complaint that the ingredient separated into granules during cooking was found by the Analyst to be not justified.

3.—Pink specks in sausage meat. The analyst stated the specks were natural to beef.

OTHER FOOD IRREGULARITIES.

Canned ham and chicken. The presence of cereal was declared on the label but found to be absent on analysis. The firm supplying the commodity was contacted and they explained that they had ceased adding the cereal and had now made the necessary change on the label.

Margarine with 10% butter. This informal sample showed 0.3% excess water content. A formal sample has since been submitted to the Analyst.

PROSECUTIONS FOR FOOD AND DRUGS OFFENCES.

Milk containing added water. Four churns of milk sent into a milk depot were each found to contain small quantities of added water, totalling about 1½ gallons. The defendant pleaded guilty and blamed the milk cooling system. He was fined a total of £8 with £5 12s. 0d. costs.

Milk deficient in milk fat. A bottle of milk on sale to the public was found to be 22% deficient in milk fat. Defendant pleaded guilty and blamed poor mixing of the bulk supply when bottling. He was fined £5 with £1 8s. 0d. costs.

Wire nail in haslet. The case was dismissed by the Magistrate on the grounds that the prosecution had not proved beyond reasonable doubt that the nail was present in the haslet when it left the shop from which it was sold.

In addition to the samples submitted to the Public Analyst a further 192 samples of milk were examined by means of our own equipment.

THE MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS 1949—1953.

As the Food and Drugs Authority for the area, the County Council is responsible for the licensing of the two milk pasteurising plants situate within the county.

The County Health Inspector carries out regular inspections of the processing arrangements at these premises.

Much other milk that is bottled outside the county is also sold by retailers within the county area.

Types of milk sold in the County are :—

Heat Treated Milks :—Pasteurised, T.T. Pasteurised, Homogenised Pasteurised, Channel Island Pasteurised and Sterilised milk.

Raw Milk :—T.T. milk and Channel Island T.T. milk.

Samples are obtained from processing plants, shops, milk rounds, etc. At processing plants, apart from the general hygiene of the premises, a careful watch is kept on plant temperatures both visual and recorded, and also on the efficiency of the mechanically operated bottle and churn washing machines.

To confirm the visual findings, some of the washed bottles are selected and submitted for bacteriological examination. Numbers of bottles are daily rejected by the dairy staffs, on the grounds of being cracked or chipped, and quite often they discover returned empties that have been contaminated with oil, grease, paint, cement, etc., that has been put into them by the public. All defective or contaminated bottles are discarded and broken up. The expense incurred by dairies, due to the non-return or misuse of bottles by the public is considerable. The staffs at the processing plants co-perate closely with the County Health Inspector and discuss any problems with him.

During the year 264 samples of milk from various sources were submitted for tests as to the adequacy of Heat Treatment and Keeping Quality. One heat treated sample failed both tests, subsequent samples from this source were satisfactory. 10 samples of raw milk satisfied the Keeping Quality Test.

BIOLOGICAL MILK SAMPLING.

69 samples were submitted for biological testing, and this year is the first occasion on which it is possible to report that all the samples were negative for Br. Abortus, as well as for Tubercle Bacilli.

SCHOOLS.

SCHOOLS AND SCHOOL MEALS premises are visited by the County Health Inspector and various sanitary conditions investigated. Infestations by rodents and insects, which this year appeared to be more prevalent, were treated.

SWIMMING POOLS.—These were regularly visited, estimations of the free chlorine content of the water were made, and samples for bacteriological testing were submitted to the Public Health Laboratory.

SANITARY CIRCUMSTANCES OF THE AREA

The general sanitary administration of the County was carried out by the five District Councils :—

District.	Name of M.O.H.	Address.
Boston Borough and Port	G. Hird, M.B., Ch.B., D.P.H.	8, Bridge Street, Boston.
Spalding Urban ...	K. S. Deas, M.B., Ch.B., D.P.H.	Short Street, Spalding.
Boston Rural	G. Hird, M.B., Ch.B., D.P.H.	8, Bridge Street, Boston.
East Elloe Rural ...	K. S. Deas, M.B., Ch.B., D.P.H.	Mattimore House, Holbeach.
Spalding Rural ...	K. S. Deas, M.B., Ch.B., D.P.H.	Priory Road, Spalding.

CO-OPERATION.—The County Public Health Inspector co-operates with the Public Health Inspectors of district authorities on sanitary matters and, during outbreaks of infectious disease, assists in obtaining samples for bacteriological examination.

HOUSING

The following information has been supplied by the officials of the District Councils :—

District	By Local Authority		By private enterprise	
	Completed during 1960	In progress 31.12.60	Completed during 1960	In progress 31.12.60
Boston Borough				
Houses	20	34	40	20
Bungalows	18	20	49	25
Flats	—	2	—	—
Spalding Urban				
Houses	36	—	26	27
Bungalows	2	44	49	49
Flats	—	—	2	—
Boston Rural				
Houses	10	10	32	37
Bungalows	16	26	30	44
Flats	—	—	—	—
East Elloe Rural				
Houses	—	10	14	7
Bungalows	42	48	26	17
Flats	—	—	—	1
Spalding Rural				
Houses	—	—	31	34
Bungalows	5	—	43	10
Flats	—	—	3	—
TOTALS	149	194	345	271

WATER SUPPLY

The following particulars have been kindly furnished by the Water Engineers of the respective Councils :—

BOROUGH OF BOSTON.—The quantity available, quality and pressure in the mains throughout the year has been satisfactory—in fact, the supply of 634 million gallons represented a record in the history of the undertaking, and is largely indicative of the growth of the canning industry in the Borough. Domestic and metered supplies equate to 37 and 21 gallons per head per day respectively on a water population of 30,000.

The Corporation's works (including pumping and treatment plant) at Revesby and Fordington are in good condition and the water from these sources was augmented with water from the mains of the Boston Rural District Council. In 1960 this was equivalent to about 22% of the total.

The Distribution Depot and Booster Station at the Water Tower, Horncastle Road, Boston are maintained in good condition.

Water samples from the sources and at random from the mains in the area have been taken at regular intervals, for chemical and bacteriological analysis and no adverse reports have been received.

Routine flushing of mains, particularly at " dead ends " is also undertaken.

Extensions of mains 2", 3", 4", 6" and 9" have been undertaken in the Borough and Parish of Fishtoft, Boston Rural District, to improve the distribution of water and afford supplies for new housing estates (Council and Private), the total mileage being approximately $1\frac{1}{2}$ miles.

In addition approximately $\frac{1}{2}$-mile of old and small sized mains were replaced with mains of larger diameter.

BOSTON RURAL.—1. Extension of water mains—24,019 yards (including 22,199 yards—North Side Water Extension Scheme).

2. Renewals—640 yards.

3. Analyses—During 1960 samples of water were taken from the mains supply at various points within the Rural District and despatched to the Public Health Laboratories, Lincoln, and the Royal Institution of Public Health and Hygiene for Bacteriological examinations or chemical analyses as follows :—

(a) Modified Bacteriological	21
(b) Full Bacteriological	Nil
(c) Chemical	1

In every case the result showed that no exception could be taken to the use of the water as a public supply.

SPALDING URBAN.—An uninterrupted supply of water was maintained throughout the year from the source at Bourne to serve the Spalding Urban District Council consumers and also the bulk supplies of the Rural Districts of Boston, East Elloe, and South Kesteven and the Urban District of Bourne. No restrictions were imposed on any of the supplies despite an all time record on the 22nd June, 1960 of 4,057,000 gallons supplied.

The southern end of Boston Borough also receives a supply indirectly from the Spalding Urban District Council, through a bulk supply from Boston Rural District Council.

QUANTITIES SUPPLIED BY SPALDING U.D.C.

Authority	Quantity in Gallons 1960/61
Spalding U.D.C.	392,805,000
Bourne U.D.C.	72,405,000
East Elloe R.D.C.	64,851,000
Boston R.D.C.	357,777,000
South Kesteven R.D.C.	74,165,000
	962,003,000

Regular chemical and bacteriological samples were taken of the raw water at the Bourne source and also from consumers' taps. The results showed that at all times the water was of the very highest standard, and free from any form of contamination.

During the year a net total of 168 new supplies were given and 2,651 yards of new mains laid. At the end of the year 100% of the population in the statutory area of supply were receiving a piped water supply.

SPALDING RURAL.—Total quantity of water supplied 444,475,000

Bulk supply to East Elloe R.D.C. 207,971,000

New connections to mains 110

Total rainfall at Depot, Marsh Rails Road 28.02 inches as against the average of 22.18.

Mainlaying.—400 yards of 2″ diameter by direct labour
1218 yards of 3″ diameter by direct labour
156 yards of 4″ diameter by direct labour.

In November, 1960 the installation of a submersible pump in the 15″ borehole at the Jockey Pumping Station was completed.

Cathodic protection has been given to the two 7″ water mains crossing under the River Welland at Wykeham.

29 samples were taken from the Pumping Stations and premises in the area of supply for testing at the Lincoln Public Health Laboratory, together with chemical analyses from the boreholes which were tested at the Counties Health Laboratory, London.

EAST ELLOE RURAL.—For the report covering 1959 it was necessary to record that the unusually dry summer of that year had created record demands for water.

For this report covering 1960, it is necessary to state that an unusually wet summer had been experienced, and water undertakings throughout the country were not embarrassed as occurred during the previous year.

Yet contrary to expectations the water consumption for 1960 in the area covered by the East Elloe Council's Water Undertaking was in excess of that for 1959. The total quantity of water distributed in the Council's area for 1960 was 269,880,000 gallons as compared with 262,310,000 gallons for 1959.

The wet season of 1960 is however, reflected in the fact that lower peaks were experienced than in 1959. The daily average during the peak week of 1960 was 969,000 gallons, but for 1959 was 1,023,000 gallons. The daily average for the year of 1960 was 736,300 gallons as against 718,657 gallons for 1959.

The average consumption expressed in gallons per head per day of human population supplied was 32.44, but of this figure the domestic consumption is approximately 19.85 gallons per head per day. This domestic figure has considerably increased over the last few years by reason of the fact that all new houses have water borne sanitation in addition to more facilities for water usage, and further many older houses have installed water sanitation. It is now estimated that approximately 70% of all domestic properties have water borne sanitation.

The distribution scheme covering approximately 20 miles of 4″ diameter and 3″ diameter mains received final Ministry approval, and it was hoped the contract would commence towards the end of 1960. The wet weather however had its effect in this regard as owing to saturated ground conditions, the commencement had to be deferred until some improvement occurred. It was expected to start the work of laying the mains in the Spring of 1961.

The scheme for continuation of the trunk main duplication was also put into course of preparation. This was to continue the trunk main duplication from Holbeach to Little Sutton Tower which when completed would put the undertaking on a sound basis to meet all foreseeable demands for water.

A number of alternative routes were considered, among them being to use the land of the British Transport Commission, and lay the main parallel to the railway line between Holbeach and Little Sutton.

Some sections of this route, on close investigation presented considerable difficulties and if adopted would have increased the capital cost. It was finally decided to use only part of the British Railway property for this purpose namely from Holbeach to midway between Fleet and Gedney. The section between Gedney and Sutton following a route north of the main road and avoiding trunk road disturbance as much as possible. The estimated cost of this trunk main scheme was £49,183 12s. 4d., and it was expected the scheme would be presented to the Minister of Housing and Local Government early in 1961 for approval.

Some small sections of distribution mains were laid during the year under review by direct labour, primarily for private housing estates. Also some extended services were installed to outlying farms under Ministry of Agriculture grant aided schemes.

Frequent bacteriological and chemical analyses of water were taken with satisfactory results. In all cases when new mains are laid these are sterilised and sampled before being put into service.

A typical chemical analyses of mains water taken in the early part of the year is appended. This shows the characteristics of the mixed bulk supply which is received at the Council's main station at Weston.

Of the total supply received during the year approximately 75% is from the source of the Spalding Rural District Council at Pinchbeck, and 25% from the source of the Spalding Urban District Council at Bourne.

Chemical Examination.

A sample of mains water was sent for full chemical examination on 9th February, 1960 and the analyst's report on it was as follows :—

Appearance when received :	Nil	Nature of deposit :	Nil
Colour :	Nil	Odour :	Nil
Reaction : Faintly alkaline, PH7.5		Taste :	Satisfactory

Results of chemical analysis in parts per million :—

Ammoniacal nitrogen :	0.08	Hardness as CaCO3 :—	
Albuminoid nitrogen :	0.04	Total	310
Nitrate nitrogen :	1.0	Carbonate (temporary)	240
Nitrate nitrogen :	Nil	Non-carbonate (permanent)	70
Chlorine as chlorides :	18	Alkalinity as CaCO3	240
Oxygen absorbed (4 hr., 27°C.)	0.30	Free carbon dioxide	15
Silica as Si02	4.5	Total solids (at 180°C.)	435
Sulphate as S04	90	Iron (total)	0.11
Fluorine as F	0.70	Metals in solution other than iron	Nil

Analyst's opinion :—The organic quality of this water is good and the analysis as a whole shows no sign of pollution. This water was previously analysed in December 1957 and the present analysis is similar to that of the previous sample except that the fluorine content on this occasion is markedly higher. We understand that the main supply in Holbeach is a mixture of two waters, and it may be that the present sample contains these waters in different proportions from the previous sample.

The reaction of the water is on the alkaline side of neutrality and the water would not be expected to have any serious corrosive action on metals. A trace of iron is present, but the amount is of no importance. The total hardness approximates to 28° Clark. In our opinion this water is very suitable for drinking and general purposes.

SEWERAGE—IMPROVEMENTS IN 1960.

BOSTON BOROUGH.—Main pumping station and sewers—West Side Sewerage Scheme almost complete.

BOSTON RURAL.—

(i) **Kirton and Frampton Sewerage Scheme.**

(a) All main sewers in connection with this Scheme were laid with the exception of one short length at London Road, Kirton. Owing to the very high ground water level, the laying of this length, adjacent to Messrs. Dennis' Offices, was abandoned until 1961.

(b) The following Pumping Stations were completed and are now ready for use :—

(i) P.S.15—Willington Road, Kirton.
(ii) P.S.16—Horseshoe Lane, Kirton.
(iii) P.S. 17—West End Road, Frampton.
(iv) P.S. 18—London Road, Frampton.

P.S. No. 14 at Manor Road has been erected, but cannot be used until such time as the main sewer in London Road is completed.

(c) Work in connection with the extension of the Sewage Disposal Works at Frampton was at an advanced stage.

(ii) **Pre-War Estate, Main Road, Wigtoft.**

Main sewers were laid and a small Pumping Station and Disposal Works constructed on the Estate. At the end of the year work was in its final stages and an early completion was anticipated.

SPALDING URBAN.—99 yards new cast iron sewer laid at Spalding Common. 108 yards new cast iron sewer laid at Windsor Estate.

SPALDING RURAL.—The main sewerage scheme for the village of Donington was commenced during the year.

EAST ELLOE RURAL.—Sewerage plants were provided at the three sites where Council houses have been built during the year. The revised sewerage scheme for Holbeach formally adoptd and submitted to the Ministry with applications for loan and grant aid.

NATIONAL ASSISTANCE ACT, 1948.

WELFARE SERVICES.

The County Welfare Officer reports as follows :—

1.—WELFARE OF OLD PEOPLE.

(a) **Grouped Bungalow Schemes.** During the year under review no further grouped bungalows specially designed for the elderly were erected. The schemes which are now administered jointly by the County Welfare Committee and the Housing Authorities are as follows :—

Authority	Location of Bungalows	No. of Bungalows
Borough of Boston	Dudley Close	20
East Elloe Rural District Council	Arthurs Avenue, Holbeach	18
Spalding Rural District Council	Sheppersons Avenue, Gosberton Risegate	10
Do.	Station Road, Moulton	15
Do.	Alderlands Close, Crowland	10
Do.	Brownlow Crescent, Pinchbeck	20
Do.	St. Margaret's, Quadring	18

The two former are complete schemes comprising communal room, accommodation for guests and a Warden's house. The Spalding R.D.C. schemes are modified to the extent that there are no guest or communal rooms and the Wardens are accommodated in a nearby Council house. In the complete schemes the County Council and the Housing Authority share equally the loss after the payment of a normal rent by the tenants of the bungalows. In the modified schemes provided by the Spalding R.D.C. the County Council refunds to the Wardens the rent of their house and also defrays the cost of the call bell system and telephone installation.

In addition to the above, Spalding U.D.C. also administer some schemes independently. The Welfare Committee would welcome the introduction of schemes in the more populous areas of the Boston Rural District.

(b) **Old People's Homes.**—The Outstanding event during the year under review was the opening of the Council's first purpose built Home for elderly persons, Patchett Lodge, Holbeach. The opening ceremony was performed by The Right Honourable The Earl of Ancaster, T.D., Her Majesty's Lieutenant for the County of Lincoln on the 5th October, 1960. This Home designed to provide accommodation for 40 men and women in four bedded, double and single rooms, has been equipped with all the latest labour saving devices and amenities, including under floor heating in the bathrooms, modern

kitchen equipment, lift, etc. It was hoped to start building a similar Home in Spalding during the year but unfortunately this was not possible. This scheme will be started during 1961 and as soon as possible thereafter a similar Home will be built in Boston.

2.—HOMELESS AND PROBLEM FAMILIES.—During the year under review the " intermediate accommodation " provided by the Spalding R.D.C. by the conversion of a large house at Gosberton into two flats has been occupied by two problem families, who because of their anti-social behaviour were unsuitable for normal housing. Both families have been kept under close supervision and the resultant rehabilitation is considered to be satisfactory.

The tenants of the two flats pay an economic rent and there is therefore no loss on the scheme, but it has been agreed between the County Council and the Spalding R.D.C. that in the event of any loss it will be shared equally by the two Authorities. The scheme adopted in 1959 under which in consideration of the Housing Authority not evicting a problem family in arrear with rent the County Council guarantee to the Housing Authority one half of the loss of rent has been used in several cases. With one or two exceptions a large measure of rehabilitation has been achieved.

3.—WELFARE OF THE PHYSICALLY HANDICAPPED.—As was foreshadowed in the report for last year, the domiciliary services for the welfare of the physically handicapped have expanded very rapidly and the work of both the Welfare Department and the Holland County Association for the Welfare of the Physically Handicapped has increased in volume and importance. There are now over 400 names on the register of disabled persons. The provision of a variety of aids to assist the physically handicapped to live as far as possible a normal life in their own homes has continued upon an extensive scale. The Association performs the majority of its functions for the welfare of individuals through local committees who give very valuable service in arranging social activities, etc. Due to the splendid work of these local committees, 60 people had the benefit of a summer seaside holiday which they greatly appreciated. Outings and other social events were also organised. Clubs are flourishing most successfully in Boston, Spalding and Holbeach and there are plans for an extension of this important amenity. The Association's handicraft class in Boston continues to be of material benefit to a number of handicapped persons in Boston and it is hoped to establish similar classes in other parts of the county in the near future. The Welfare Committee employ two teachers of handicrafts whose principle duty is to visit the homebound. During the year 120 persons received visits and instruction from the home teachers. In addition the home teachers also run weekly and fortnightly classes at the Cheshire Home at Fleet, Frampton Old People's Home and the Boston Hard of Hearing Club. The Voluntary Association employs a part-time Social Worker who visits cases as may be required and

assists generally with the Association's work. The Association and the Welfare Department jointly and separately arrange stalls at shows, exhibitions and in Boston and Spalding markets for the sale of articles made by the physically handicapped. With the Kesteven and Lindsey Associations a display of aids and the work of the physically handicapped was staged at the Lincolnshire Agricultural Show. Another exhibition was held at March (Isle of Ely) at the request of the Central Council for the Care of Cripples with the object of publicising this branch of the welfare services in that area.

4.—WELFARE OF THE BLIND.

(a) **General.** The Boston and Holland Blind Society act as the agents of the County Council for many aspects of blind welfare and work in close co-operation with the Welfare Department. During October 1960 Miss H. A. Baron, who had been the Society's Secretary/Home Teacher for many years resigned and it was decided that the Society should appoint a part-time Secretary and that the County Council should appoint a further home teacher. The Society appointed a secretary but unfortunately owing to the serious shortage of qualified home teachers it was not possible to make an appointment and after the end of the year under review a trainee home teacher was appointed.

(b) **" Sunniholme ".** The new Home for 16 blind women of all ages opened in May, 1960 to replace an obsolete building has now become well established. The amenities and facilities which are now provided are greatly appreciated by the residents. The interest which has been shown by the public in this new Home is most gratifying to the Society.

The following information is extracted from the Annual Report of the Society :—

(c) **Blind Register.** The number on the Blind Register for the year ended December 1960 was 174, an increase of two. There were thirty new cases, of whom twenty-two were over seventy years of age and only one was less than twenty. There were two transfers into the area and two out. There were twenty-five deaths—of those the majority were over seventy years of age. Of the three de-certifications, two were due to successful cataract operations.

By March 1961 the number on the Blind Register had dropped to 168.

TABLE I.

Present Age Periods

Age	M.	F.	Total
0	—	—	0
1	—	—	—
2	—	—	—
3	—	—	—
4	1	—	1

TABLE II.

Age at which blindness occurred

Age	M.	F.	Total
0	10	7	17
1	—	2	2
2	1	—	1
3	—	—	0
4	2	1	3

Present Age Periods				Age at which blindness occurred			
Age	M.	F.	Total	Age	M.	F.	Total
5—10	—	3	3	5—10	1	1	2
11—15	1	—	1	11—15	1	2	3
16—20	2	1	3	16—20	2	2	4
21—29	3	—	3	21—29	4	2	6
30—39	10	3	13	30—39	7	6	13
40—49	6	7	13	40—49	11	9	20
50—59	6	7	13	50—59	8	6	14
60—64	7	4	11	60—64	3	3	6
65—69	2	4	6	65—69	5	3	8
70—79	23	21	44	70—79	21	26	47
80—84	14	20	34	80—84	4	10	14
85—89	5	13	18	85—89	3	7	10
90 and over	3	8	11	90 and over	—	4	4
	83	91	174		83	91	174

By comparing Table I with Table II the progress made by the different Health Services can clearly be seen the incidence of blindness in the young being much reduced, while that in the older groups indicates the larger number of people in those groups.

Some fifty people have other handicaps, physical or mental, such as total or severe deafness, fits and crippling troubles.

(d) **Partially-sighted Register.** The number on the partially-sighted Register for the year ended December 1960 was 54, an increase of 2, there were 23 males and 31 females.

(e) **Education and Training.** By arrangement with the Education Department of the County Council two girls are at school, and one boy is at the Royal Normal College in Shropshire. A youth has been trained in shorthand-typing jointly by the Education and Welfare Departments, and is now employed by a Spalding firm.

Three children with defective sight are being educated at special schools for partially-sighted children.

A partially-sighted youth is at Hethersett which is the Vocational Assessment Centre for Blind Adolescents, with a view to going into light engineering.

(f) **Rehabilitation.** For those newly blind people who are physically active, residential courses of rehabilitation of two or three months duration are run by the Royal National Institute for the Blind at Torquay and Bridgenorth. During the year two blind men were admitted for rehabilitation, one at each Centre, and both derived considerable benefit from the Course.

(g) **Home Workers.** There are now five Home Workers who work under the supervision scheme of the Royal Midland Institution for the Blind, Nottingham, which gives them the advantage of skilled supervision and advice, also materials at wholesale prices.

To assist them in seasonal slack times to build up a stock the Society is ready to make advances on work done.

The disposal of their goods is important for the happiness and peace of mind of all the workers, and orders may be given to them direct or through the Secretary's office at Sunniholme, the whole benefit accruing to them.

(h) **Welfare Work.** The proportion of older and less active people grows no less, and the Home Teaching and visiting service is much appreciated. All sorts of difficulties crop up, and the regular and interested visit convinces all that in the Society they have friends to turn to in trouble. The Home Teachers paid some 2,686 home visits during the year in addition to contacts in the office, at social gatherings and the like.

Pastime occupations are encouraged and when possible braille or moon reading is taught. Materials are at special prices, readers are supplied with magazines and are made free members of the National Library for the Blind, and some enjoy a Talking Book, a specially constructed gramophone with a postal service of Library records. Some men occupy themselves in their gardens and with poultry, and housewives manage to fulfil their duties.

Whether actively engaged or not the restrictions imposed by blindness can be most trying, so good neighbours are a comfort. Many of our people are lonely and cut off from reading, writing and normal exercise, hence their wireless sets are greatly treasured and give much pleasure. Many have sets provided through the British Wireless for the Blind Fund, and grants are given from the Societies Voluntary Funds towards maintenance and repair. V.H.F. and transistor sets are now being supplied as well as the more usual all mains sets.

A much appreciated small effort to foster the personal touch is the despatching of individual birthday cards, and this is undertaken by the lady members of the Committee.

Blindness involves extra expense and although domiciliary assistance on a higher scale can be obtained by the necessitous blind under the National Assistance Act, close contacts discover many real though hidden needs in these expensive times, and grants are made from the Voluntary Funds for sickness, clothing, holidays, fares, fuel, etc., and everyone has a cash gift at Christmas.

(i) **Handicraft Class.** This weekly class gives much pleasure to all concerned and is held each Wednesday at Sunniholme. Instruction is available from 10.15 a.m. until 3.30 p.m. Some of our people from a distance attend regularly and together with some of the residents, thoroughly enjoy learning the various crafts. As a result of this class

members are able to carry out work to supplement their income. All fares are paid and a hot meal is provided at the Home. The class becomes a social occasion for all, and is of immense assistance towards the rehabilitation of the newly blind.

5.—MENTAL HEALTH ACT.—The new Mental Health Act did not come into operation until 1st November 1960 and was therefore only in force for a short period of the year under review. From the angle of the Administrative Officer probably the most important alteration made in the code of the administration of the Mental Welfare Service is the abolition of the judicial jurisdiction and the implementing of the principle that for the future the medical opinion is paramount. No longer is it possible for the Local Health Authority Official to refer a case to a Justice of the Peace and obtain a Reception Order, or for him on his own volition to make an order to place a patient under restraint for a limited period. The need for at least one medical certificate before a patient can be taken against his will to a mental hospital means that there must be the fullest co-operation between all the officers of the Local Health Authority and the general practitioner in this important field of public health work. In November 1960 the County Council amended the Administrative Scheme made under the provisions of Sec. 29 of the National Assistance Act 1930. The scheme entitled the National Assistance (Handicapped Persons) (General) Scheme was amended by the addition of a provision whereby mentally disordered persons were added to the list of disabled persons who could receive the services provided by the Welfare Committee. This amendment was duly approved by the Minister but in the short period which elapsed before the end of the year no significant step was taken to implement its provisions. Undoubtedly there is vast scope for the new services in this sphere of work and very serious consideration will have to be given to the provision of occupational therapy for this class of patient.